

**APPLICATION FORM****RESERVE BANK OF INDIA, NEW DELHI****Application for Engagement of Bank's Medical Consultant on contract basis  
with fixed hourly remuneration at RBI, New Delhi**

Space for affixing  
Passport size  
Photo

1.	<b>Name in Full: Shri / Kum. / Ms. / Smt. (to be given in block letters, Surname to be stated first)</b>								
2.	<b>Father / Husband's Name:</b>								
3.	<b>(a) Address (Local Residence):</b>								
	<b>a) Address (Permanent Residence):</b>								
	<b>(c) Address (Dispensary/ Hospital where presently working):</b>								
	<b>(d) Dispensary for which application is submitted</b>	Main Office Building <input type="checkbox"/> / RK Puram & Vasant Vihar <input type="checkbox"/>							
		<b>Distance of Dispensary (for which applied) from present Residence (in Kms.)</b>	<b>Distance of Dispensary (for which applied) from Clinic / Hospital where presently working (in Kms.)</b>						
	<b>(e) Telephone No.:</b>								
	<b>(f) Mobile No:</b>								
	<b>(g) Email ID:</b>								
	<b>(h) Approximate distance of your Residence/Dispensary/Hospital from the Bank's Main Office Building located at 6, Sansad Marg, New Delhi – 110001:</b>								
4.	<b>Date of Birth</b>								
		<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>

	Age:(as on September 10, 2024)								
		D	D	M	M	Y	Y	Y	Y
5.	Place of Birth and Domicile:								
6.	Nationality:								
7.	Whether belongs to SC / ST / OBC / Unreserved (General):								
		SC	ST	OBC	GENERAL				
8.	Educational Qualifications: (Indicate degree/diploma obtained, in the order of highest to least)	Degree/Diploma	University/Board		Year of passing	Class/Rank			
9.	Particulars of any other professional course completed in Medical field:								
10.	Details of experience - (Experience after graduation only should be stated):	Experience	From	To	Period				
					Year/s	Month/s			
		In Hospital / Clinic (as a Physician)							
	As General Medical Practitioner								
11.	Any other factor which applicant would like to bring into account in support of his/her application:								

I hereby declare that all the information and particulars given by me in this form are true, complete and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that any information given in this application is false/ incorrect or that I do not satisfy the eligibility criteria according to the Bank, my candidature/ appointment is liable to be cancelled/ terminated. I have read and understand the stipulations given in the advertisement and hereby undertake to abide by them.

Place:

Date:

Enclosures:

(Signature of the applicant)

- i. All the details in the Application Form are to be filled up completely by the applicant, as incomplete Form are liable to be rejected.
- ii. **Attested copies of relevant certificates regarding age, caste, educational qualifications, experience, copy of registration certificate issued by Delhi Medical Council etc. should be attached/enclosed with the Application Form.**
- iii. In support of the experience gained by the applicant the submitted Certificate must contain the details of duty hours and the nature of duty. (If the candidate is working as a Medical Officer for any institution the details thereof and working hours therein should be indicated.)

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