



**APPLICATION FORM**

**Application for Engagement as Part-time Pharmacist  
on Contract Basis with Fixed Hourly Remuneration  
Reserve Bank of India, Chennai**

Affix recent  
Self- attested  
passport size  
photograph

<b>1</b>	Name in full Shri/Smt./Ms. (to be given in block letters)					
<b>2</b>	Father /Husband's Name:					
<b>3</b>	(a) Residential Address:					
	(b) Contact No.:	Landline:	Mobile:			
	(c) E-mail ID:					
<b>4</b>	Date of Birth:	D D M M Y Y Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
	Age (as on July 01, 2024) :	____ years ____ months ____ days				
<b>5</b>	Place of Birth and Domicile					
<b>6</b>	Category (Tick (√) the appropriate box)	<b>SC</b>	<b>ST</b>	<b>OBC</b>	<b>EWS</b>	<b>GEN</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	Nationality:					



Educational Qualifications				
8	Examination Passed	Year of Passing	University/ Board	Percentage
a)				
b)				
c)				
d)				
Particulars of any other course in medicine completed by the applicant				
9	Course Name	Institute	Year of Completion	
a)				
b)				
Details of experience (Only Experience gained after diploma/graduation should be stated)				
10	Experience	Name of Organization/Clinic/Hospital	Period of engagement (From and to)	
a)	As Pharmacist in Hospital (Govt./Private)			
b)	As Pharmacist in PSBs/PSUs/Govt. Organization			
c)	As General Pharmacist			



<b>11</b>	Any other factors which the applicant would like to bring into account for considering his/her application.	
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I hereby declare that the information and particulars given by me in this form are true and correct. 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 without notice or compensation in lieu of notice. I have read and understand the stipulations given in the advertisement and hereby undertake to abide by them.

(Signature of the applicant)

Place:

Date:

### **Instructions**

1. All the details in the Application Form are to be filled up completely by the applicant.
2. Applications which do not contain the full particulars called for are liable to be rejected.
3. Self-attested copies of relevant certificates regarding age, educational qualifications, experience certificate, caste certificate, copy of registration certificate issued by State Pharmacy Council etc. should be attached/enclosed with the application. Candidate must complete the application in all respects including pasting of photograph.
4. The experience certificate submitted by the applicant must contain the details of duty hours and the nature of duty.
5. If the candidate is working as a Pharmacist for any institution, the details thereof and working hours therein should be indicated.
6. The candidate working as Pharmacist for any institution should also submit No-objection certificate during the time of the interview.
7. Incomplete application in any respect will be rejected and no correspondence will be entertained by the Bank in this matter.