

## FORM OF APPLICATION FOR THE POST OF PART-TIME MEDICAL CONSULTANT ON CONTRACT BASIS WITH FIXED HOURLY REMUNERATION

Name in full: Shri/Km./Sr (To be given in capital surname to be stated first)	letters,				Fix recent passport size photo and self- attest	
2. Father/ Husband's Name	)					
3. (a) Address		Dispensa	ry/Hospital		Residence	
(b) Phone No.				<b></b>		
(c)Mobile No.						
(d)E-Mail address						
(e) Distance from the Bank's Dispensary at Bank's Main Office Premises Reserve Bank of India,		Distance from Dispensary/Hospital (in Kms.)		Distance from Residence (in Kms.)		
Main market Kasumpti, S 171009.	shimla-					
4. Date of birth and Age as date of notification on RBI W						
5. Place of birth and domici	le					
6. Nationality						
7. Caste if applicable						
8. Educational Qualification (Indicate degree/ diploma o		in the order of	highest to loa	et)		
<u> </u>		ty/ Board	Year of Pa	,	Class/ Rank	

9.Particulars of any other professional course completed in Medical field.  10. Details of experience (Only experience gained after graduation should be stated)  Experience From To Period Years Month:  In Hospital (as a Physician)  As General Practitioner  11. Any other factors which the applicant would like to bring into account for considering his/her application  hereby declare that all the information and particulars given by me in this application orm 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 the application is incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the tipulations given in the advertisement and hereby undertake to abide by them.					
professional course completed in Medical field.  10. Details of experience (Only experience gained after graduation should be stated)  Experience From To Period Years Months In Hospital (as a Physician)  As General Practitioner  11. Any other factors which the applicant would like to bring into account for considering his/her application  hereby declare that all the information and particulars given by me in this application form are true, complete and correct to the best of my knowledge and belief. I inderstand that if at any stage, it is found that any information given in the application is incorrect or false or if any material information or particulars have been suppressed for omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the					
As General Practitioner  As General Practitioner  To Period Years Months  As General Practitioner  The application  The application  The application  The application  The application and particulars given by me in this application are true, complete and correct to the best of my knowledge and belief. I anderstand that if at any stage, it is found that any information given in the application incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, by candidature / engagement / appointment is liable to be cancelled / terminated ithout notice or compensation in lieu thereof. I have read and understood the					
As General Practitioner  As General Practitioner  To Period Years Months  As General Practitioner  The application  The application  The application  The application  The application and particulars given by me in this application are true, complete and correct to the best of my knowledge and belief. I anderstand that if at any stage, it is found that any information given in the application incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, by candidature / engagement / appointment is liable to be cancelled / terminated ithout notice or compensation in lieu thereof. I have read and understood the					
professional course completed in Medical field.  10. Details of experience (Only experience gained after graduation should be stated)  Experience From To Period Years Months In Hospital (as a Physician)  As General Practitioner  11. Any other factors which the applicant would like to bring into account for considering his/her application  hereby declare that all the information and particulars given by me in this application form are true, complete and correct to the best of my knowledge and belief. I inderstand that if at any stage, it is found that any information given in the application is incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the					
Medical field.  10. Details of experience (Only experience gained after graduation should be stated)  Experience From To Period Years Months In Hospital (as a Physician)  As General Practitioner  11. Any other factors which the applicant would like to bring into account for considering his/her application  thereby declare that all the information and particulars given by me in this application or mare true, complete and correct to the best of my knowledge and belief. I inderstand that if at any stage, it is found that any information given in the application is incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the	,				
10. Details of experience (Only experience gained after graduation should be stated)  Experience From To Period Years Months  In Hospital (as a Physician)  As General Practitioner  11. Any other factors which the applicant would like to bring into account for considering his/her application  thereby declare that all the information and particulars given by me in this application are true, complete and correct to the best of my knowledge and belief. I inderstand that if at any stage, it is found that any information given in the application in incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the	·	d in			
(Only experience gained after graduation should be stated)  Experience From To Period  Years Months  In Hospital (as a Physician)  As General Practitioner  11. Any other factors which the applicant would like to bring into account for considering his/her application  hereby declare that all the information and particulars given by me in this application or mare true, complete and correct to the best of my knowledge and belief. Inderstand that if at any stage, it is found that any information given in the application is incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the	Medical field.				
(Only experience gained after graduation should be stated)  Experience From To Period Years Months In Hospital (as a Physician)  As General Practitioner  11. Any other factors which the applicant would like to bring into account for considering his/her application  hereby declare that all the information and particulars given by me in this application orm are true, complete and correct to the best of my knowledge and belief. I inderstand that if at any stage, it is found that any information given in the application is incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the	10 Details of experience				
Experience  From  To  Period  Years  Months  In Hospital (as a Physician)  As General Practitioner  11. Any other factors which the applicant would like to bring into account for considering his/her application  Thereby declare that all the information and particulars given by me in this application form are true, complete and correct to the best of my knowledge and belief. Inderstand that if at any stage, it is found that any information given in the application is incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the	•	er graduation sho	ould be stated)		
As General Practitioner  As General Practitioner  11. Any other factors which the applicant would like to bring into account for considering his/her application  thereby declare that all the information and particulars given by me in this application are true, complete and correct to the best of my knowledge and belief. I inderstand that if at any stage, it is found that any information given in the application is incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the	(Gray emperience games and	21 g. a.a.a.a.a.			
In Hospital (as a Physician)  As General Practitioner  11. Any other factors which the applicant would like to bring into account for considering his/her application  thereby declare that all the information and particulars given by me in this application orm are true, complete and correct to the best of my knowledge and belief. I inderstand that if at any stage, it is found that any information given in the application is incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the	Experience	From	То	Period	
As General Practitioner  11. Any other factors which the applicant would like to bring into account for considering his/her application  thereby declare that all the information and particulars given by me in this application orm are true, complete and correct to the best of my knowledge and belief. I inderstand that if at any stage, it is found that any information given in the application is incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the	•			Years	Months
As General Practitioner  11. Any other factors which the applicant would like to bring into account for considering his/her application  thereby declare that all the information and particulars given by me in this application form are true, complete and correct to the best of my knowledge and belief. I inderstand that if at any stage, it is found that any information given in the application is incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the	In Hospital (as a				
11. Any other factors which the applicant would like to bring into account for considering his/her application  thereby declare that all the information and particulars given by me in this application orm are true, complete and correct to the best of my knowledge and belief. I inderstand that if at any stage, it is found that any information given in the application is incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the	Physician)				
11. Any other factors which the applicant would like to bring into account for considering his/her application  thereby declare that all the information and particulars given by me in this application orm are true, complete and correct to the best of my knowledge and belief. I inderstand that if at any stage, it is found that any information given in the application incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated ithout notice or compensation in lieu thereof. I have read and understood the					
11. Any other factors which the applicant would like to bring into account for considering his/her application  thereby declare that all the information and particulars given by me in this application orm are true, complete and correct to the best of my knowledge and belief. I inderstand that if at any stage, it is found that any information given in the application in incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the					
applicant would like to bring into account for considering his/her application  thereby declare that all the information and particulars given by me in this application form are true, complete and correct to the best of my knowledge and belief. It inderstand that if at any stage, it is found that any information given in the application is incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the	As General Practitioner				
applicant would like to bring into account for considering his/her application  hereby declare that all the information and particulars given by me in this application orm are true, complete and correct to the best of my knowledge and belief. I inderstand that if at any stage, it is found that any information given in the application is incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the					
applicant would like to bring into account for considering his/her application  thereby declare that all the information and particulars given by me in this application form are true, complete and correct to the best of my knowledge and belief. It inderstand that if at any stage, it is found that any information given in the application is incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the					
hereby declare that all the information and particulars given by me in this application orm are true, complete and correct to the best of my knowledge and belief. I inderstand that if at any stage, it is found that any information given in the application incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the	•				
hereby declare that all the information and particulars given by me in this application orm are true, complete and correct to the best of my knowledge and belief. I inderstand that if at any stage, it is found that any information given in the application incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the					
hereby declare that all the information and particulars given by me in this application orm are true, complete and correct to the best of my knowledge and belief. I inderstand that if at any stage, it is found that any information given in the application in incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the	•	,/IICI			
orm are true, complete and correct to the best of my knowledge and belief. I inderstand that if at any stage, it is found that any information given in the application incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the	арриоспол				
orm are true, complete and correct to the best of my knowledge and belief. I inderstand that if at any stage, it is found that any information given in the application incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the					
orm are true, complete and correct to the best of my knowledge and belief. I inderstand that if at any stage, it is found that any information given in the application incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the	hereby declare that all the info	ormation and part	iculars given by r	ne in this ap	plication
s incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, by candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the	•	•			•
r omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, by candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the	nderstand that if at any stage,	it is found that ar	ny information giv	en in the ap	plication
y candidature / engagement / appointment is liable to be cancelled / terminated ithout notice or compensation in lieu thereof. I have read and understood the	incorrect or false or if any ma	iterial information	or particulars ha	ve been sup	pressed
ithout notice or compensation in lieu thereof. I have read and understood the	r omitted therefrom or that I do	not satisfy the e	ligibility criteria ac	cording to the	ne Bank,
•	ny candidature / engagement	/ appointment is	s liable to be ca	ncelled / tei	rminated
tipulations given in the advertisement and hereby undertake to abide by them.	-				
	ipulations given in the adverti	sement and here	by undertake to a	bide by the	m.

Date:

Place:

(Signature of the applicant)

## **INSTRUCTIONS:**

- a. All the details in this form must be filled by the applicant in clear handwriting.
- b. Applications which do not contain the full particulars called for are liable to be rejected.
- c. Attested copies of certificates regarding caste, age, educational qualifications, experience etc. should accompany the application.
- d. 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 also be indicated.)

-----