



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

1. Name in full: Shri/Km./Smt. (To be given in capital letters, surname to be stated first)	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;">             Fix recent passport size photo and self- attest           </div>		
2. Father/ Husband's Name			
3. (a) Address	Dispensary/Hospital	Residence	
(b) Phone No.			
(c) Mobile No.			
(d) E-Mail address			
(e) Distance from the Bank's Dispensary at Bank's Main Office Premises Reserve Bank of India, Main market Kasumpti, Shimla- 171009.	Distance from Dispensary/Hospital (in Kms.)	Distance from Residence (in Kms.)	
4. Date of birth and Age as on date of notification on RBI Website			
5. Place of birth and domicile			
6. Nationality			
7. Caste if applicable			
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 (Only experience gained after graduation should be stated)			
Experience		From	To
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			

I 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 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 stipulations given in the advertisement and hereby undertake to abide by them.

Date:

(Signature of the applicant)

Place:

**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.)

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