

APPLICATION FORM**Application for Engagement of Bank's Medical Consultant on contract basis with fixed hourly remuneration at RBI, Bhubaneswar**Affix recent
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1.	Name in full: Shri/Kum./Smt.	_____	
		(To be given in block letter, Surname to be stated first)	
2.	Father's/ Husband's Name:	_____	
3.	Addresses:		
	(a) Local Residence Address		
	(b) Permanent Residence Address		
	(c) Dispensary / Hospital Address (where presently working)		
	(d) Telephone No.		
	(e) Mobile No.		
	(f) Email ID.		
	(g) Approximate distance of residence & Dispensary from the Bank's Dispensary located at:		
	Address	Distance from Local Residence (in Kms.)	Distance from Dispensary/Hospital (in Kms.)
i.	Reserve Bank of India, Pt. Jawaharlal Nehru Marg, Kharavela Nagar, Bhubaneswar -751001		
ii.	Reserve Bank Officer's Quarters, ID Market, Nayapalli, Bhubaneswar - 751015		
iii.	Reserve Bank Staff Quarters, Unit IV, Vidyut Marg, Bhubaneswar – 751001		

iv.	Reserve Bank Staff Quarters, Ruchika Market, Baramunda, Bhubaneswar - 751003								
4.	Date of Birth:								
		D	D	M	M	Y	Y	Y	Y
5.	Place of Birth and Domicile:								
6.	Nationality:								
7.	Whether belongs to SC/ST/OBC/EWS/UR	SC	ST	OBC	EWS	UR			
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 courses completed in medical field :			
10.	Details of experience - (Experience after graduation only should be stated):			
	Experience at:	From	To	Period
				Year
	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 the information and particulars given by me in this form are true and correct. I also note that if any of the above statements are incorrect or false or if any material information or particulars has been suppressed or omitted there from, my engagement is liable to be terminated without notice or compensation in lieu thereof.

Date:

Place:

(Signature of the applicant)

INSTRUCTIONS:

1. All the details in the Application Form are to be filled up completely by the applicant, as incomplete Forms are liable to be rejected.
2. Attested copies of relevant certificates regarding age, educational qualifications, caste, experience etc. should be attached with the Form.
3. If the candidate is working as a Medical Officer for any institution, the details thereof and working hours therein should be indicated.