

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

1. Name in full: Shri/K	m./Smt.					
(To be given in c	= '= '			Fix recent		
surname to be stated	first)			passport size photo and		
				self-attest		
2. (a) Address		Dispensa	rv	Residence		
2. (a) / (da1000		Bioponica	.,	rtooldonoo		
0 (1) D1						
2. (b) Phone No.						
Mobile No.						
E-Mail address						
(c) Approximate distance from the Bank's Dispensary at Bank's Main						
•	ises Reserve					
Bank of India,8-9,						
Gomti Nagar, Lucknov	w - 226010					
(d) Approximate dista	ance from the					
(d) Approximate distance from the Aliganj Staff Quarters, Sector 'J',						
Aliganj, Lucknow - 226						
3. Date of birth and						
Age as on 30.05.2020						
4. Place of birth and domicile						
5. Nationality						
6. Educational Qualifications:						
Degree/ Diploma	Univ	ersity/ Board	Year of Passing	Class/ Rank		

(Only experience gained after	-	, 		
Experience	From	То	Period	
			Years	Months
In Hospital (as a Physician)				
As General Practitioner				
o. Any other factors which	the into			

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 services are liable to be terminated without notice or compensation in lieu of notice.

INSTRUCTIONS

1. All the details in this form must be filled by the applicant.

Particulars

of

any

other

- 2. Applications which do not contain the full particulars called for are liable to be rejected.
- 3. Attested copies of certificates regarding age, educational qualifications, experience etc. should accompany the application.
- 4. If the candidate is working as a Medical Officer for any institution the details thereof and Working hours therein should also be indicated.