

## **APPLICATION FORM**

## Application for Engagement of Medical Consultant On contract basis with fixed hourly remuneration at RBI, RANCHI

Fix recent passport size photograph and sign across

1.	Name in full: Shri/Smt./Kum:					
	(to be given in block letters, Surname to be stated first)					
2.	Father's/Husbar	nd's Name:				
3.	(a) Address					
	Re	esidence	Dispensary			
(b)	Phone No.	: <u></u>				
	Mobile No.	:				
	E-mail ID					

Address			Distance	from		Distance from			
			Residence (in Kms.)		Dispensary (in Kms.)				
Reserve Bar	ık of India,	Kutchery							
Chowk, 4th F	loor, RRD	A							
Building, Ranchi – 834001									
. Date of Bi	rth :								
D	D	М	М	Y	Y		Υ	Y	
				L	l e				
Age as on	01 Janua	ry 2023:		:					
yea	years			months da			ays		
				l					
5. Place of birth and domicile :									
. Place of b	irth and do	omicile :							
<ul><li>Place of b</li><li>Nationality</li><li>SC/ST/OE</li></ul>	,	:	)						
i. Nationality	, BC/EWS/U	:	•	R (General	):				
i. Nationality	/ BC/EWS/U pelongs to	: R (General SC/ST/OB0	•	R (General	):				
<ul><li>Nationality</li><li>SC/ST/OE</li><li>Whether b</li><li>Education</li></ul>	/ BC/EWS/U pelongs to al Qualifica	: R (General SC/ST/OB0	C/EWS/UI		,	to leas	t)		
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S. Nationality  7. SC/ST/OE  Whether because of the control of the	/ BC/EWS/U pelongs to al Qualifica egree/diplo	: R (General SC/ST/OB( ations : oma obtain	C/EWS/UI	order of hi	,	Y	ear of	Class /	
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. Nationality . SC/ST/OE Whether b . Education Indicate do  Degre Diplo  Particulars	oelongs to al Qualificategree/diplo	: R (General SC/ST/OBO ations : oma obtaino Ur	ed, in the niversity / I	order of hi	,	Y	ear of		

10. Details of experience

Experience after graduation only should be stated:

Experience	From	То	Period	
			Years/s	Month/s
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 have been suppressed or omitted therefrom, my engagement is liable to be terminated without notice or compensation in lieu thereof.

Place:

Date : (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 Application Form.
- 3. If the candidate is working as a Medical Officer for any institution, the details thereof and working hours therein should be indicated.