## Format of Application for the post of Part-time Bank's Medical Consultant on Contract Basis with Fixed Hourly Remuneration – Reserve Bank of India, Thiruvananthapuram

Fix recent Self-attested Passport size photograph

1.	Name in full	Shri / Smt. / Kum.		
2.	(a) Address	Residence:	Dispensary:	
	(b) Phone No.	Landline:	Mobile:	
	(c) e-mail ID			

3. Approximate distance from the Bank's Dispensary located at:

Premises	Distance (in Km) from				
	Applicant's residence	Dispensary/Hospital where the applicant is currently working			
Reserve Bank of India, Bakery Junction, PB No.6507, Thiruvananthapuram-695033 Reserve Bank Officer' Quarters, Belhaven Gardens, Kowdiar, Thiruvananthapuram-695003 Reserve Bank Staff Quarters,					
Pushpa Nagar 3 <sup>rd</sup> Lane, Plamoodu, Thiruvananthapuram- 695004 Reserve Bank Staff Quarters, Bains					
Compound Road, Nanthencode, Thiruvananthapuram-695003					
Reserve Bank Staff Quarters, Thamalam, Thiruvananthapuram- 695012					

4.	Date of Birth in DD-MMM-YYYY format and age as on August 1, 2020								
5.	Place of Birth and Domicile								
6.	Nationality								
7.	Category (√) Tick the		SC	ST		ОВС		GEN	
	appropriate box								
8.	Educational Qualifications								
S. No.	Degree / Diploma Universi		ity / Board		Year o	וע וע	Percentage / Class / Rank		
9.	Particulars of any other	er co	urse in med	dicine compl	etec	l by the	applicar	nt	
	Course Name Institute			Year of			of compl	completion	
10.	Details of experience (Only Experience gained after graduation should be stated)						ıld be		
S.				_			riod		
No.	Experience		From	То		Years	Months		
(a)	In Hospital (As a	Phy	sician)						
							_		
	<u>i                                      </u>				1		1	i	

S.		From		Period	
No.	Experience		То	Years	Months
(b)	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 information is incorrect or false or if any material information or particular has been suppressed or omitted therefrom, my services are liable to be terminated without notice of compensation in lieu of notice.

(Signature of the applicant)
Place:
Date:

## Instructions

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

## Instructions for sending the Application via email

- 1. The applicant should send the scanned copy of duly filled application as per Annex III only.
- 2. The size of the email should not exceed 8 mb.
- 3. Application form, attested copies of certificates regarding age, educational qualifications, caste, experience etc. should be in pdf format only.
- 4. The application should be sent to <a href="mailto:hrmdthiro@rbi.org.in">hrmdthiro@rbi.org.in</a> with subject as 'Application for the post of Bank's Medical Consultant on Contract Basis'.