



Application Form
Reserve Bank of India, Vijayawada, Andhra Pradesh

Form of Application for the post of Part-Time Bank's Medical Consultant on contract Basis with fixed hourly remuneration at RBI, Vijayawada, Andhra Pradesh

Fix recent
self-attested
passport size
photograph

1. Name in full: Shri/Kum./Smt. _____
(To be given in block letters, Surname to be stated first)
2. Father/Husband's Name: _____
3. (a) Address:

| Present | Permanent | Dispensary/Hospital where presently working |
|---------|-----------|---|
| | | |

(b) Phone No. : _____

(c) Mobile No. : _____

(d) Email ID : _____

(e) Approximate distance from the Bank's Dispensary located at Stalin Central, D.No:27-37-158, MG Road, Governor pet, Vijayawada-520002, Andhra Pradesh

| Distance from Residence (in Kms.) | Distance from Hospital/Dispensary where presently working (in Kms.) |
|--------------------------------------|--|
| | |

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/Unreserved (General): SC/ST/OBC/UR/EWS

8. Educational Qualifications (Indicate Degree/Diploma obtained in the order of highest to least)

| S.No. | Degree/Diploma | University/Board | Year of Passing | Percentage/ Class/Rank |
|-------|----------------|------------------|-----------------|---------------------------|
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9. Particulars of any other courses in medicine completed by the applicant: _____

10. Details of Experience
(Experience after graduation should only be stated) (Add additional sheet if required)

| S.No | Experience | From | To | Period | |
|------|------------|------|----|--------|---------|
| | | | | Year/s | Month/s |
| | | | | | |
| | | | | | |
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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, 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/services are 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.

Place:

Date:

(Signature of the applicant)

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. Self-Attested copies of certificates regarding age, educational qualifications, caste, experience, Registration Certificate issued by Medical Council of India/National Medical Commission etc. should accompany the application.
4. In support of the experience gained by the applicant the submitted Certificate must contain the details of duty hours and the nature of duty.
5. If the candidate is working as a Medical Officer for any Institution, the details thereof and working hours therein should also be indicated.
6. The candidate working as a Medical officer for any institution should also submit No-objection certificate during the time of the interview.
