

APPLICATION FORM**RESERVE BANK OF INDIA, NEW DELHI**

**Application for Engagement of Bank's Medical Consultant
on contract basis with fixed hourly remuneration at RBI, New Delhi**

Space for affixing
Passport size
Photo

1.	Name in Full: Shri / Kum. / Ms. / Smt. (to be given in block letters, Surname to be stated first)							
2.	Father / Husband's Name:							
3.	(a) Address (Local Residence):							
	a) Address (Permanent Residence):							
	(c) Address (Dispensary/ Hospital where presently working):							
	(d) Telephone No. :							
	(e) Mobile No:							
	(f) Email ID:							
	(g) Approximate distance from the Bank's Dispensaries located at:							
		Address	Distance from Residence (in Kms.)			Distance from Dispensary/ Hospital (in Kms.)		
	Main Office Building Dispensary, 6, Sansad Marg, New Delhi - 110 001.							
4.	Date of Birth							
		D	D	M	M	Y	Y	Y

	Age:(as on January 1, 2020)	D	D	M	M	Y	Y	Y	Y
5.	Place of Birth and Domicile:								
6.	Nationality:								
7.	Whether belongs to SC / ST / OBC / Unreserved (General):								
		SC	ST	OBC	GENERAL				
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 professional course completed in Medical field:								
10.	Details of experience - (Experience after graduation only should be stated):	Experience	From	To	Period				
					Year/s	Month/s			
		In Hospital / Clinic (as a Physician)							
		As General Medical Practitioner							
11.	Any other factor which applicant would like to bring into account in support of his/her application:								

I hereby declare that all 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 this application is false/ incorrect or that I do not satisfy the eligibility criteria according to the Bank, my candidature/ appointment is liable to be cancelled/ terminated. I have read and understand the stipulations given in the advertisement and hereby undertake to abide by them.

Place:

Date:

Enclosures:

(Signature of the applicant)

- i. All the details in the Application Form are to be filled up completely by the applicant, as incomplete Form are liable to be rejected.
- ii. **Attested copies of relevant certificates regarding age, caste, educational qualifications, experience, copy of registration certificate issued by Medical Council of India etc. should be attached/enclosed with the Application Form.**
- iii. In support of the experience gained by the applicant the submitted Certificate must contain the details of duty hours and the nature of duty. (If the candidate is working as a Medical Officer for any institution the details thereof and working hours therein should be indicated.)
