APPLICATION FOR THE POST OF PART-TIME BANK'S MEDICAL CONSULTANT (ON CONTRACT BASIS WITH FIXED HOURLY REMUNERATION) IN RESERVE BANK OF INDIA, SHILLONG

Affix recent passport size photograph with applicant's signature

(Advertisement No.: 01/2020)

1.	Name in Full (In Block Letters)	Shri / Smt./ Kum.					
2.	Father's / Husband's Name	Shri					
3.	(a) Address	Residence:		Dispensary:			
	(b) Phone No.	Landline:		Mobile:			
	(c) E-mail ID						
	(d) Address	Approximate Distance Residence (in kms)	from	Approximate distance from dispensary (in kms)			
	(i) Reserve Bank of India, Apphira' Building, Fruit Garden, Shillong- Jowai Road, P.O. Laitumkhrah, Shillong- 793003						
4.	Date of Birth (as recorded in School Leaving certificate) and Age (as on date of advertisement)						
5.	Place of Birth and Domicile						
6.	Nationality						
7.	Category	SC	ST	OBC	GEN		

8.	Educational Qualifications:							
Sr No	Degree / Diploma	University / Board			Year of Passing	Percentage / Class		
9.	Particulars of any other cou	rse in						
5.	medicine completed by the							
10.	Details of experience (Only experience gained after graduation should be stated)							
Sr No	Experience	F	rom	То	Peri			
					Yea	rs	Months	
(a)	In Hospital (As a physician)							
/l- \	As Cananal Busatitisman							
(b)	As General Practitioner							
	-							
11.	Any other factors which the would like to bring into according his/her applicat	unt for						
I	hereby declare that the info		•	•	by me	in this form		

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 engagement is liable to be terminated without notice or compensation in lieu of notice.

(Signature of applicant)
Place:
Date: