



**APPLICATION FORM**

**Application for Engagement of the services of Bank's Medical Consultant (BMC) on contract basis with fixed hourly remuneration at Reserve Bank of India, Dehradun**

Fix recent passport Size photograph Self-attested
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1. Name in full: Shri/Smt./Kum. \_\_\_\_\_  
 (To be given in block letter, Surname to be stated first)
2. Father/Husband's Name: \_\_\_\_\_
3. (a) Address:

Residence	Dispensary/Hospital where presently working

(b) Phone No. : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

E-mail ID : \_\_\_\_\_

(c) Approximate distance from the Bank's Dispensary located at:

Address	Distance from Residence (in Kms.)	Distance from Dispensary /Hospital where presently working (in Kms.)
Reserve Bank of India, 3 <sup>rd</sup> Floor, G.M.V.N. Building, 74/1, Rajpur Road, Dehradun, Uttarakhand – 248 001		

4. Date of Birth and age as  
On January 01, 2018 :

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/UR (Gen)

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  
Courses in medical field  
by the applicant :

10. Details of Experience  
(Experience after graduation should only be stated)

Experience	From	To	Period	
			Year/s	Month/s
In Hospital / Clinic (as a Physician)				
As General Medical Practitioner				

11. Any other factors which the  
Applicant would like to bring  
Into account for considering  
His/her Application

I hereby declare that all the information and particulars given by me in this application 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 / appointment is 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 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, registration certificate issued by Medical Council of India, 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.