

ANNEX I



APPLICATION FORM

**Application for Engagement of Medical Consultant
On contract basis with fixed hourly remuneration at RBI, Kolkata**

Fix recent
passport size
photograph

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

(b) Phone No. : _____

Mobile No. : _____

E-mail ID : _____

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

Address	Distance from Residence (in Kms.)	Distance from Dispensary (in Kms.)
Reserve Bank of India Main Office Premises Dispensary (MOPD) 15, N.S. Road, Kolkata- 700001		

RBI Staff Quarters Dumdum Quarters Dispensary 1/B, B K Paul Lane Dumdum, Kolkata – 700 030		
RBI Staff Quarters Salt Lake Quarters Dispensary LB Block, Sector III, Bidhannagar Kolkata - 700098		
RBI Staff Quarters Singhi Park Quarters Dispensary 16/5, Dover Lane Singhi Park, Kolkata – 700 029		
RBI Staff Quarters Dumdum Quarters Dispensary 1/B, B K Paul Lane Dumdum, Kolkata – 700 030		
RBI Officers Quarters Ultadanga Quarters Dispensary Ultadanga, Kolkata - 700067		
RBI Senior Officers Quarters Alipore Quarters Dispensary New Road Alipore, Kolkata - 700027		

4. Date of Birth:

D	D	M	M	Y	Y	Y	Y

Age as on March 26, 2024:

years
 months
 days

5. Place of birth and domicile :

6. Nationality :

7. Whether belongs to SC/ST/OBC/UR(Gen)/ EWS: SC / ST / OBC / UR (Gen) / EWS

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 medicine completed by the applicant :

10. Details of experience :
(Only Experience gained after Graduation should be stated)

Experience	From	To	Period	
			Year/s	Month/s
In Hospital (as a Physician)				
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 statements are incorrect or false or if any material information or particulars have been suppressed or omitted therefrom, my engagement is liable to be terminated without notice or compensation in lieu thereof.

Place:

Date:

(Signature of the applicant)