



Application Form

Application for Engagement as Part-Time Medical Consultant (MC) on Contract Basis with Fixed Hourly Remuneration

Reserve Bank of India, Mumbai Office

Affix recent Self-Attested Passport size photograph

1	Name in full Shri/Smt./Kum. (to be given in block letters, Surname to be stated first)		
2	Father/Husband's Name:		
3	(a)Address	Residence:	Dispensary:
	(b)Phone No.	Landline:	Mobile:
	(c) Email ID		

4. Approximate distance from the Bank's Dispensary located at:

Sr. No.	Address of the Dispensary	Distance (in Km) from	
		Applicant's Residence	Dispensary /Hospital where the applicant is currently working
i	Dhanastra, RBI Officers' Quarters, N P Marg, Colaba, Mumbai – 400005		



ii	Varada, RBI Officer's Quarters, Veer Savarkar Marg, Near BTC, Dadar, Mumbai – 400028		
iii	Tardeo, RBI Officer's Quarters, Opp. A.C. Market, Tardeo Road, Mumbai – 400034		
iv	Tapovan, RBI Officers Quarters, Pathanwadi, Malad (East), Mumbai – 400097		

5	Date of Birth in DD-MM-YYYY format and age as on November 01, 2024	Date of birth: Age: <input type="text"/> years <input type="text"/> months <input type="text"/> days		
6	Place of Birth and Domicile			
7	Nationality			
8	Category-Tick (✓) the appropriate box	ST	OBC	EWS
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Educational Qualifications			
Sr. No.	Degree/ Diploma	University/ Board	Year of Passing	Percentage
10	Particulars of any other course in medicine completed by the applicant			
	Course Name	Institute	Year of Completion	



11 Details of experience (Only Experience gained after graduation should be stated)					
Sr. No.	Experience	From	To	Period	
				Years	Months
(a)	In Hospital (As a Physician)				
(b)	As General Practitioner				
12	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 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 without notice or compensation in lieu of notice. I have read and understand the stipulations given in the advertisement and hereby undertake to abide by them.

(Signature of the applicant)

Place:

Date:



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. Self-attested copies of certificates regarding age, educational qualifications, experience, caste, copy of registration certificate issued by Medical Council of India etc. should be attached/enclosed with the application.
3. 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.)