## **APPLICATION FORM**

## Application for Engagement of Medical Consultant on contract basis with fixed hourly remuneration at RBI, Hyderabad

1. Name in full: Shri/Kum./Smt											Affix recent passport size photograph with				
2. Father / Husband's Name:											applicant's signature				
3. (a) Detailed	Address:														
	Residence		D	Dispensary / Hospital where presently practicing											
(b) Contact															
i) Mok	oile No. :														
ii) Land	dline No. :														
iii) Ema	il id :														
(-)		f H D-	1 -2 -	D:		1 .	4 -		<b>L</b> .						
(c) Approximate distance from the Bank's Dispensary located at:															
Colony / Premises	Ameerpet Off	icers Quarters	ı	Mushe Q		bad S ters	Staff		١	<b>rella</b> ı	_	/guda Staff rters			
•	Ameerpet Off Residence	Own Dispensary			uar	ters (	Staff Own Densa	ry		<b>/ella</b> i	Qua	_			
Premises	-	Own		Q	uar	ters (	Own	ry			Qua	own			
Premises From Distance (in KM Approx.)	Residence	Own		idence	uar	ters ( Disp	Own pensa		Re	sider	Qua	own			
Premises From Distance (in KM Approx.)  4. Date of Birt	Residence	Own Dispensary		Q	uar	ters (	Own	ry Y			Qua	own			
Premises From Distance (in KM Approx.)  4. Date of Birt	Residence h and Age: August 21, 20	Own Dispensary		idence	uar	ters ( Disp	Own pensa		Re	sider	Qua	own			
Premises From Distance (in KM Approx.)  4. Date of Birt (Age as on	Residence h and Age: August 21, 20	Own Dispensary		idence	uar	ters ( Disp	Own pensa		Re	sider	Qua	own			
Premises From  Distance (in KM Approx.)  4. Date of Birt (Age as on 5. Place of Bir 6. Nationality:	Residence h and Age: August 21, 20 th and Domic	Own Dispensary	Res	idence	D	ters (Disp	Own pensa		Re	sider	Qua	own			

Degree / Diploma	University / Board	Month & Year of passing	Class / Rank secured

9. Details of any other professional course completed in Medical field:

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

Sr. No.	Henrital Nama	From	To	Period						
Sr. NO.	Hospital Name	FIOIII	То	Year/s	Month/s					
	In Hospital (as a Physician)									
1										
2										
3										
	As General Practi	itioner								
1										
2										
3										

11.	Any	other	factor	which	applicant	would	like	to	bring	into	account	in	support	of	his/her
app	olicatio	on:													

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 has been suppressed or omitted there from, my services are liable to be terminated without notice or compensation in lieu of notice.

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Place: (Name & Signature of the applicant)

## Instructions:

- 1. All the details in this form must be filled by the applicant.
- 2. Applications which do not contain the full details/particulars are liable to be rejected.
- 3. Attested copies of certificates regarding age, educational qualifications, caste, experience etc. should accompany the application.
- 4. If the candidate is working as a Medical Officer for any institution, the details thereof and working hours therein should also be indicated.