



APPLICATION FORM

Format of Application for the post of Part-time Bank's Medical Consultant on Contract Basis with Fixed Hourly Remuneration – Reserve Bank of India, Thiruvananthapuram

Fix recent
Self-attested
Passport size
photograph

1. Name in full: Shri/Kum./Smt. _____
(To be given in block letters, Surname to be stated first)
2. Father/Husband's Name: _____
3. a) Address: _____

Present	Permanent	Dispensary/Hospital where presently working

b) Phone No. : _____

c) Mobile No. : _____

d) Email ID : _____

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

Premises	Distance (in Kms) from	
	Applicant's residence	Dispensary/Hospital where the applicant is currently working
Reserve Bank of India, Bakery Junction, PB No.6507, Thiruvananthapuram-695033		

Reserve Bank Officer' Quarters, Belhaven Gardens, Kowdiar, Thiruvananthapuram- 695003		
Reserve Bank Staff Quarters, Pushpa Nagar 3 rd Lane, Plamoodu, Thiruvananthapuram- 695004		
Reserve Bank Staff Quarters, Bains Compound Road, Nanthencode, Thiruvananthapuram-695003		
Reserve Bank Staff Quarters, Thamalam, Thiruvananthapuram- 695012		

4. Date of Birth: D D M M Y Y Y Y

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Age as on date of advertisement: _____ years _____ months _____ days

5. Place of Birth and Domicile: _____

6. Nationality: _____

7. Category (√) Tick the appropriate box

SC	ST	OBC	GEN

8. Educational Qualifications (Indicate Degree/Diploma obtained in the order of highest to least)

SI No.	Degree/Diploma	University/Board	Year of passing	Percentage/Class/Rank

9. Particulars of any other course in medicine completed by the applicant: _____

10. Details of experience (Only Experience gained after graduation should be stated) (Add additional sheet if required):

SI No.	Experience	From	To	Period	
				Year/s	Month/s
(a)	In Hospital (As a Physician)				
(b)	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 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 this form must be filled by the applicant.
2. Applications which do not contain the full particulars called for are liable to be rejected.
3. **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.**
4. In support of the experience gained by the applicant the Certificate submitted must contain the details of duty hours and the nature of duty.
5. If the candidate is working as a Medical Officer for any institution, the details thereof and working hours therein should also be indicated.