



Annex - III

**APPLICATION FOR THE POST OF PART-TIME
BANK'S MEDICAL CONSULTANT (ON CONTRACT BASIS
WITH FIXED HOURLY REMUNERATION) IN
RESERVE BANK OF INDIA, AGARTALA**

Affix recent
passport size
photograph
with
applicant's
signature

1. Name in full: Dr. 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) Approximately distance from Bank's Dispensary / Bank's Staff Quarter located at:

Address	Distance from Residence (in KMs.)	Distance from Dispensary / Hospital where presently working (in KMs.)
Reserve Bank of India, Jackson Gate Building, 2 nd Floor, Lenin Sarani, Agartala - 799001		

4. Date of Birth (DD/MM/YYYY) and age as on January 01, 2025:

5. Place of birth and domicile:

6. Nationality:

7. Whether belongs to SC / ST/ OBC / Unreserved (General):

8. Educational Qualification

(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:

Course Name	Institute	Year of Completion

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 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 certificates regarding age, educational qualifications, experience, caste 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.