

APPLICATION FORMRESERVE BANK OF INDIA, NEW DELHI**Application for Engagement of Bank's Medical Consultant Part-Time on contract basis with fixed hourly remuneration at RBI, New Delhi**

Space for affixing  
Passport size  
Photo

1. Name in Full: Shri / Kum. / Ms. / Smt. (to be given in block letters, Surname to be stated first)									
2. Father / Husband's Name:									
3. (a) Address (Local Residence):									
a) Address (Permanent Residence):									
(c) Address (Dispensary/ Hospital where presently working):									
(d) Dispensary for which application is submitted		Main Office Building							
		Distance of Dispensary (for which applied) from present Residence (in Kms.)							
(e) Telephone No.:									
(f) Mobile No.:									
(g) Email ID:									
(h) Approximate distance of your Residence/Dispensary/Hospital from the Bank's Main Office Building located at 6, Sansad Marg, New Delhi – 110001:									
4. Date of Birth									
		D	D	M	M	Y	Y	Y	Y

	Age:(as on November 01, 2025)							
		D	D	M	M	Y	Y	Y
5.	Place of Birth and Domicile:							
6.	Nationality:							
7.	Whether belongs to SC / ST / OBC / Unreserved (General):							
		SC	ST	OBC	GENERAL			
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 professional course completed in Medical field:							
10.	Details of experience - (Experience after graduation only should be stated):	Experience	From	To	Period			
					Year/s	Month/s		
		In Hospital / Clinic (as a Physician)						
As General Medical Practitioner								
11.	Any other factor which applicant would like to bring into account in support of his/her application:							

I hereby declare that all the information and particulars given by me in this 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 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. I have read and understand the stipulations given in the advertisement and hereby undertake to abide by them.

Place:

Date:

Enclosures:

(Signature of the applicant)

- i. All the details in the Application Form are to be filled up completely by the applicant, as incomplete Form are liable to be rejected.
- ii. **Attested copies of relevant certificates regarding age, caste, educational qualifications, experience, copy of registration certificate issued by Delhi Medical Council etc. should be attached/enclosed with the Application Form.**
- iii. 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.)

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