ANNEX I

APPLICATION FORM

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

Reserve Bank of India, Kolkata Regional 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 distances from the Bank's Dispensaries located at:

Sr. No.	**Address of the Dispensary**	**Distance (in Km) from**	
		Applicant's Residence	**Dispensary /Hospital where the applicant is currently working**

i.	Reserve Bank of India, Main Office Premises Dispensary (MOPD), 13, N.S. Road, Kolkata - 700001		
ii.	RBI Staff Quarters, Dumdum Quarters Dispensary 1/B, B K Paul Lane, Dumdum, Kolkata – 700030		
iii.	RBI Staff Quarters, Salt Lake Quarters Dispensary LB Block, Sector III, Salt Lake, Kolkata - 700098		
iv.	RBI Staff Quarters, Singhi Park Quarters Dispensary 16/5, Dover Lane, Singhi Park, Kolkata – 700029		
v.	RBI Officers Quarters, Ultadanga Quarters Dispensary CIT Scheme No. VII M, Ultadanga, Kolkata - 700067		
vi.	RBI Senior Officers Quarters, Alipore Quarters Dispensary, New Road, Alipore, Kolkata - 700027		

5	Date of Birth in DD-MM-YYYY format and age as on November 01, 2025	Date of birth: Age: ☐ years ☐ months ☐ days				
6	Place of Birth and Domicile					
7	Nationality					
8	Category-Tick (√) the appropriate box	SC	ST	OBC	EWS	UR/GEN

9	Educational Qualification (Indicate degree/diploma obtained, in the order of highest to least)			
Sr. No.	**Degree/ Diploma**	**University/ Board**	**Year of Passing**	**Percentage**

10	Particulars of any other course in medicine completed by the applicant		
Sr. No.	**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: