



**Application for Engagement as Bank's Medical Consultant (BMC)
on Contract Basis with Fixed Hourly Remuneration**

Reserve Bank of India, Ahmedabad

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Self-attested
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1. Name in full: Shri/Smt./ Kum _____
(in block letters)

2. Father/Husband's Name: _____

3. (a) Address:

Residence	Dispensary

(b) Landline No.: _____

Mobile No.: _____

E-mail ID: _____

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

Address	Distance (in Km) from	
	Applicant's address	Dispensary /Hospital where the applicant is currently working
Reserve Bank of India Main Office Building Near Gandhi Bridge Ahmedabad - 380014		
Reserve Bank of India 4th Floor, Riverfront House Behind H. K. Arts College Between Gandhi and Nehru Bridge Puja Pramukh Swami Marg Ahmedabad- 380009		
RBI Senior Officers' Quarters "Parag", Near Commerce Six Road Navrangpura, Ahmedabad – 380009		
RBI Staff Quarters "Utkarsh", Near Subhash Bridge Ahmedabad - 380027		

4. Date of Birth and age
as on September 30, 2025

D	D	M	M	Y	Y	Y	Y

5. Place of birth and domicile: _____

6. Nationality : _____

7. Category (tick the appropriate box):

SC	ST	OBC	EWS	GEN

8. Educational Qualifications (Degree/diploma obtained, in order from the highest):

Sr. No.	Degree/Diploma	University/Board	Year of passing	Percentage/ Class/Rank
1				
2				
3				
4				
5				

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

Course Name	Institute	Year of Completion

10. Details of experience (Only Experience gained after graduation should be stated):

Experience	From	To	Period	
			Year/s	Month/s
(a) In Hospital (as a Physician)				
1.				
2.				
3.				
4.				
5.				
(b) As General Practitioner				
1.				
2.				
3.				
4.				
5.				

11. 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 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 the Application Form are to be filled up completely by the applicant, as the incomplete Forms are liable to be rejected.
2. Self-attested copies of certificates regarding age, educational qualifications, caste, copy of registration certificate issued by Medical Council of India etc. should be attached / enclosed with the application.
3. 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.)