

## आवेदन फार्म/ APPLICATION FORM

## Application for Engagement of Bank's Medical Consultant On Contract Basis with fixed hourly remuneration at Reserve Bank of India, Nagpur

Fix recent Selfattested Passport size photograph

	T	10 / 0 / / /						
1.	Name in full	Shri / Smt. / Kum.						
2.	Father/Husband's Name							
3.	(a) Address	Residence:	Dispensary:					
	(b) Phone No.	Landline:	Mobile:					
	(c) E-mail ID							
	(d) Approximate distance from the Bank's dispensary located at:							
	Address	Distance from Residence (in Kms)	Distance from Dispensary (in Kms)					
	(i) Reserve Bank of India, Main Office Building, Palm Road, Civil Lines, Nagpur							
	(ii) Reserve Bank of India, Additional Office Building, West High Court Road, Civil Lines, Nagpur							
	(iii) Atre Layout Staff Quarters, Atre Layout, Nagpur							
	(iv) Telankhedi Road Staff Quarters, Civil Lines, Nagpur							
	(v) Byramji Town Officers Quarters, Nagpur							
	(vi) Amravati Road Staff Quarters, Nagpur							

4.	Date of Birth and age as on 01/07/2024 (DD/MM/YYYY)								
5.	Place of Birth and Domicile								
6.	Nationality								
7.	Category $()$ Tick the appropriate box	SC		ST		OBC		EWS	UR (GEN)
8.	Educational Qualifications								
Sr. No.	Degree / Diploma	Ţ	University / Board			Year of Passing		Percentage / Class / Rank	
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9.	Particulars of any other course in medicine complete by the applicant								
10.	Details of experience (Only I	Ехре	erience g	ained	after (	graduatio	on sh	ould be sta	ated)
Sr. No.	Experience	I	From	-	Го		Per		Months
(a)	In Hospital (As a Physician)						160	a15	MOTITIS
(b)	As General Practitioner								
11.	Any other factors which the applicant would like to bring into account for considering his/her application	ıg					1		1

I hereby declare that the information and particulars given by me in this form are true and correct. I also note that if any of the above information is incorrect or false or if any material information or particulars have been suppressed or omitted therefrom, my engagement is liable to be terminated without notice of compensation in lieu thereof.

स्थान/Place:	(Signature of the applicant)
रिनांक/Date:	

## Instructions

- 1. All the details in the Application Form are to be filled up completely by the applicant, as incomplete Forms are liable to be rejected.
- 2. Attested copies of relevant certificates regarding age, educational qualifications, caste & validity, experience, ID, Address etc. should be attached with the Application Form.
- 3. If the candidate is working as a Medical Officer for any institution, the details thereof and working hours therein should also be indicated.