

**PROFORMA**

**APPLICATION FOR THE POST  
OF PART-TIME BANK'S MEDICAL OFFICER  
IN RESERVE BANK OF INDIA AT  
(Advertisement dated \_\_\_\_\_ 2007 )**

Affix recent passport size photograph with Applicant's signature
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1.Full Name of (Surname) (Name) (Father's / Husband's Name)  
 a) Applicant : \_\_\_\_\_  
 b) Father : \_\_\_\_\_

2. Gender/Category : (Tick appropriate box)

Male	Female		SC	ST	OBC	GEN
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3. Address (with Pin-Code)  
 (i) Residence : \_\_\_\_\_  
 \_\_\_\_\_

(ii) Dispensary : \_\_\_\_\_  
 \_\_\_\_\_

(iii) Distance from Residence to Work place : \_\_\_\_\_ k.m.

4.Phone No : 

Residence		Mobile	
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5.Date of birth : A) \_\_\_/\_\_\_/\_\_\_ B) Age : As on date of advertisement Yr  Months  Day   
 (as recorded in School DD MM YYYY leaving certificate)

6. Educational qualifications : (State degree /diploma obtained, in the order of highest degree first, second highest next and so on).

Degree/Diploma	University /Board	Year of passing	No. of attempts	Class/ Rank

7 .Details of experience (only experience gained after graduation should be stated)

Place of working	Post Held	From	To	Period	
				Year	Months

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


**DECLARATION**

I declare that all information and particulars furnished herein above are true and correct. I understand that if any of the information is found incomplete / incorrect, false or misleading, my candidature is liable to be cancelled at any stage before appointment and if appointed, my appointment is liable to be terminated without notice or compensation in lieu thereof. I also understand that my candidature will be considered subject to criteria/conditions stipulated in the advertisement.

Place: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

- N.B. :**
- i) **Only Copies of documents/certificates should be attached with the application. Originals need not be submitted along with the application.**
  - ii) **Please read the instructions given in the advertisement carefully.**