

APPLICATION FORM

**APPLICATION FOR ENGAGEMENT
OF BANK'S MEDICAL CONSULTANT (ON CONTRACT BASIS
WITH FIXED HOURLY REMUNERATION)
RESERVE BANK OF INDIA, JAIPUR**

Affix recent
passport size
photograph
with applicant's
signature

1.	Name in Full (In Block Letters)	Shri / Smt./ Kum.		
2.	Father's / Husband's Name	Shri		
3.	(a) Address	Residence:	Dispensary:	
	(b) Phone No.	Landline:	Mobile:	
	(c) E-mail ID			
	(d) Approximate Distance to the Bank's dispensary located at Main Office Building Reserve Bank of India Near Ram Bagh Circle Tonk Road, Jaipur- 302004	Approximate Distance from the applicant's Residence (in kms)	Approximate distance from the Dispensary/ Hospital where the applicant is currently working (in kms)	
4.	Date of Birth in DD- MM-YYYY format (as recorded in School Leaving certificate) and Age (as February 01, 2021)			
5.	Place of Birth and Domicile			
6.	Nationality			
7.	Category			

8.	Educational Qualifications:			
Sr No	Degree / Diploma	University / Board	Year of Passing	Percentage / Class

9.	Particulars of any other course in medicine completed by the applicant				
Sr No	Course Name	Institute	Year of completion		
10.	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				
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 also note that if any of the above information is incorrect or false or if any material information or particular has been suppressed or omitted therefrom, my engagement is liable to be terminated without notice or compensation in lieu of notice.

(Signature of applicant)

Place:

Date:

INSTRUCTIONS

1. All the details in the Application Form are to be filled up completely by the applicant
2. Applications which do not contain the full particulars/incomplete applications are liable to be rejected.
- 3. Attested copies of relevant certificates regarding age, educational qualifications, caste, experience etc. should be attached with the Application Form.**
4. If the candidate is working as a Medical Officer for any institution, the details thereof and working hours therein should be indicated.
