

Application Form

Application for engagement as Medical Consultant (MC) on Contract Basis
with Fixed Hourly Remuneration

Reserve Bank of India, Patna Office

Affix recent Self-
Attested Passport size
photograph

1	Name in full	Shri/Smt./Kum.	
2	(a)Address	Residence:	Dispensary:
	(b)Phone No.	Landline:	Mobile:
	(c)Email ID		

3. Approximate distance from the Bank's Dispensary located at:

Sr. No.	Address of the Dispensary	Distance (in Km) from	
		Applicant's Residence	Dispensary/Hospital where the applicant is currently working
i	Bank's Main Office Premises Dispensary, South Gandhi Maidan, Patna -800001		
ii	RBI Officer's Quarters Dispensary, Lohianagar, Patna- 800016		
iii	RBI Staff Quarters Dispensary, Bhadurpur, Patna-800004		
iv	RBI, Staff Quarters Dispensary, Kurji, Kurji More, Patna- 800010		

v	RBI, Staff Quarters Dispensary, Digha, Danapur, Patna-800012		
vi	RBI, Staff Quarters Dispensary, Road No. 10A, Rajendranagar, Patna - 800016		
vii	RBI, Senior Officer's Quarters Dispensary, Bank Road, Patna - 800001		

4	Date of Birth in DD-MM-YYYY format and age as on September 01, 2020					
5	Place of Birth and Domicile					
6	Nationality					
7	Category-Tick (√) The appropriate box	SC	ST	OBC	EWS	GEN
8	Educational Qualifications					
Sr. No.	Degree / Diploma	University/ Board	Years of Passing	Percentage		
9	Particulars of any other course 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		
Sr. No.				Years	Months	
(a)	In Hospital (As a Physician)					
(b)	As General Practitioner					

11	Mention the details of Current Engagement /Practice (if any)	Name of the Hospital/Medical Institution	Timings of the Job	Period	
				From	To
12.	Are you currently Affiliated to any State / Central Govt. Hospitals/ Institutes	Yes / No			
13.	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 services are liable to be terminated without notice or compensation in lieu of notice.

(Signature of the applicant)

Place:

Date:

Important Instructions

1. All the details in this form must be filled by the applicant.
2. Applications which do not contain the full particulars called for are liable to be rejected.
3. Attested copies of certificates regarding age, educational qualifications, caste etc. should be enclosed with the application.
4. If the candidate is working as a Medical Officer for any Institution, the details thereof and working hours therein should also be indicated.