



APPLICATION FORM

Application for Engagement of Medical Consultant On contract basis with fixed hourly remuneration at RBI, Bhubaneswar

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1. Name in full: Shri/Smt./Kum: _____
(to be given in block letter, Surname to be stated first)

2. Father's/Husband's Name: _____

3. (a) Address

Residence	Dispensary

(b) Phone No. : _____
 Mobile No. : _____
 E-mail ID : _____

(c) Approximate distance from the Dispensary located at:

Address	Distance from Residence (in Kms.)	Distance from Dispensary (in Kms.)
Reserve Bank of India, Pdt. Jawaharlal Nehru Marg, Kharavela Nagar, Bhubaneswar - 751001		
Reserve Bank Officers' Quarters, ID Market, Nayapalli, Bhubaneswar – 751015		
Reserve Bank Staff Quarters, Unit IV, Vidyut Marg, Bhubaneswar - 751001		
Reserve Bank Staff Quarters, Ruchika Market, Baramunda, Bhubaneswar - 751003		

4. Date of Birth as on December 01, 2019:

D	D	M	M	Y	Y	Y	Y

Age as on December 01, 2019: years months days

5. Place of birth and domicile :

6. Nationality :

7. Whether belongs to SC/ST/OBC/EWS/UR (General): SC / ST / OBC / EWS / UR (Gen)

8. Educational Qualifications :

(Indicate degree/diploma obtained, in the order of highest to least)

Degree / Diploma	University / Board	Year of passing	Class / Rank

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

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

Experience	From	To	Period	
			Years/s	Month/s
In Hospital (as a Physician)				
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 statements are 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 or compensation in lieu thereof.

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 incomplete forms are liable to be rejected.
2. Attested copies of relevant certificates regarding age, educational qualifications, caste, experience 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 be indicated.