

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 (to be given in block letters)	Shri/Smt./Kum.	
2	Father / Husband's Name:		
3	(a)Address	Residence:	Dispensary:
	(b) Phone No.	Landline:	Mobile:
	(c) Email ID		

4. 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 Staff Quarters Dispensary, Bahadurpur, Patna-800004		

iii	RBI, Staff Quarters Dispensary, Kurji, Kurji More, Patna- 800010		
iv	RBI, Staff Quarters Dispensary, Road No. 10A, Rajendra nagar, Patna -800016		
v	RBI, Senior Officer's Quarters Dispensary, Bank Road, Patna -800001		

5	Date of Birth in DD-MM-YYYY format and age as on (July 01, 2025)	Date of Birth: Age: <input type="text"/> years <input type="text"/> months <input type="text"/> days				
6	Place of Birth and Domicile					
7	Nationality					
8	Category-Tick (√) The appropriate box	SC	ST	OBC	EWS	GEN
9	Educational Qualifications					
Sr. No.	Degree / Diploma	University/ Board	Years of Passing	Percentage		
10	Particulars of any other course in medicine completed by the applicant					
	Course Name	Institute	Year of Completion			
11	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					

12.	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. I have read and understand the stipulations given in the advertisement and hereby undertake to abide by them. I accept the Terms and Conditions given in Annex–II and the Code of Conduct given in Annex–III.

(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, experience, caste, copy of registration certificate etc. should be enclosed with the application.
4. In support of the experience gained by the applicant the submitted Certificate must contain the details of duty hours and the nature of duty. (If the candidate is working as a Medical Officer for any institution the details thereof and working hours therein should be indicated.)