



**APPLICATION FORM**  
**RESERVE BANK STAFF COLLEGE, CHENNAI**

**Application for Engagement of Bank's Medical Consultant on contract  
basis with fixed hourly remuneration at RBSC, Chennai**

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passport size  
photo

<b>1</b>	<b>Name in Full:</b> <b>Shri/Kum./Ms./Smt. (to be in block letters, Surname to be stated first)</b>							
<b>2</b>	<b>Father/ Spouse's Name:</b>							
<b>3</b>	<b>(a) Address (Local Residence):</b>							
	<b>(b) Address (Permanent Residence)</b>							
	<b>(c) Address (Dispensary/ Hospital where presently working):</b>							
	<b>(d) Telephone No. :</b>							
	<b>(e) Mobile No:</b>							
	<b>(f) Email ID:</b>							
	<b>(g) Approximate distance from the College's Dispensary</b>							
		<b>Address</b>	<b>Distance from Residence (in Kms.)</b>			<b>Distance from Dispensary/ Hospital (in Kms.)</b>		
	Reserve Bank Staff College, 359, Anna Salai, Teynampet, Chennai-600 018							
<b>4</b>	<b>Date of Birth</b>							

		<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>
	<b>Age (as on June 01, 2018)</b>								
<b>5</b>	<b>Place of Birth and Domicile</b>								
<b>6</b>	<b>Nationality</b>								
<b>7</b>	<b>Whether belongs to SC / ST / OBC / Unreserved Category (General)</b>								
		<b>SC</b>	<b>ST</b>	<b>OBC</b>	<b>Gen</b>				
<b>8</b>	<b>Educational Qualifications (Indicate degree / diploma obtained, in the order of the highest to the least)</b>	<b>Degree/ Diploma</b>	<b>University/Board</b>			<b>Year of Passing</b>	<b>Class/Rank</b>		
<b>9</b>	<b>Particulars of any other professional course completed in Medical field</b>								
<b>10</b>	<b>Details of Experience (Experience after graduation only should be stated)</b>	<b>Experience</b>	<b>From</b>	<b>To</b>	<b>Period</b>				
					<b>Year/s</b>	<b>Mont h/s</b>			
		<b>In Hospital/ Clinic (as a physician)</b>							
	<b>As Medical General Practitioner</b>								
<b>11</b>	<b>Any other factor which the applicant would like to bring into account in support of his/her application</b>								

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.