

### Application Form

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

#### Reserve Bank of India, Mumbai 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	Varada Officer's Quarters Dispensary, Veer Savarkar Marg, Near BTC, Dadar, Mumbai – 400 028		
ii	RBI Staff Jalada Quarters (Prabhadevi), Bombay Dyeing Compound, Balue Marg, Prabhadevi, Mumbai – 400 025		
iii	RBI Staff Chembur Quarters, Sion- Trombay Rd, Chembur, Mumbai – 400 071		
iv	RBI Staff Santacruz Quarters, North Avenue Marg, S. V. Road, Santacruz (W) Mumbai 400 054		

v	Tardeo Officer's Quarters, Opp. A.C. Market, Tardeo Road, Mumbai – 400 034		
vi	RBI Staff Byculla Quarters, Maratha Mandir, Marg, Byculla, M-8(Regular)		
vii	Byculla Office Dispensary, RBI, Opp. Mumbai Central Railway Station, Mumbai – 400 008		
viii	Amar Building Dispensary, Sir P M Road, Fort, Mumbai - 400001		
ix	Tata Mills Compound, Dr. Ambedkar Road, Opp. Hindmata, Dadar, Mumbai 400 012		
x	RBI Officers Gokuldharm Quarters, Gen. A. K. Vaidya Marg, Gokuldharm, Goregaon (E), Mumbai – 400 063.		
xi	BKC Quarters, 20, Plot no. R-3 & R-4, Near Drive In Theatre, Bandra, Mumbai – 400 020		
xii	WTC Dispensary, RBI, World Trade Centre, Tower no.6, Arcade Bldg., Colaba, Mumbai – 400 005.		
xiii	Dhanastra Officer's Quarters, Nathalal Parekh Marg, Cuffe Parade, Colaba, Mumbai- 400005		
xiv	Bank House Quarters, Backbay Reclamation, Near Mantralaya, Mumbai – 400 020		

4	Date of Birth in DD-MM-YYYYYY format and age as on February 1, 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	Year 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	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 :

### 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.