

APPLICATION FORMRESERVE BANK OF INDIA, CHANDIGARH

**FORM OF APPLICATION FOR THE POST OF BANK'S MEDICAL
CONSULTANT ON CONTRACT BASIS WITH FIXED HOURLY REMUNERATION**

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1.	Name in Full: Shri/Smt./Kum (to be given in block letters, Surname to be stated first)	
2.	Father / Husband's Name:	
3.	(a) Address (Local Residence):	
	(b) Address (Permanent Residence):	
	(c) Complete Address of Dispensary / Hospital where presently working:	

	(d) Approximate Distance from the Bank's Main Office Building located at Central Vista, Sector - 17, Chandigarh - 160017	Distance from Residence (in Kms.)	Distance from Dispensary/Hospital where presently working (in Kms.)						
	(e) Telephone No.:								
	(f) Mobile No.:								
	(g) Email ID:								
4.	Date of Birth: (DD/MM/YYYY Format)								
		D	D	M	M	Y	Y	Y	Y
5.	Age as on 01.07.2025			Years				Months	
6.	Place of Birth:								
7.	Place of Domicile:								
8.	Nationality:								
9.	Whether belongs to SC/ST/OBC/Unreserved (General) category:								
		SC		ST		OBC		GEN	
10.	Educational Qualifications: (Indicate Degree/Diploma obtained, in the order of highest to least)								
	Degree/Diploma	University/Board		Year of Passing			Class/Rank		

11.	Particulars of any other professional course completed in the medical filed:			
12.	Details of Experience: (Experience after graduation should only be stated)			
Experience	From	To	Period	
			Year/s	Month/s
In Hospital / Clinic (as a Physician)				
As a General Medical Practitioner				
13.	Any other factor which applicant would like to bring into account in support of his/her application:			

I hereby declare that all the information and particulars given by me in this application form are true, complete and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that any information given in this application is incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the stipulations given in the advertisement and hereby undertake to abide by them.

Date:

Place:

(Signature of the applicant)

Enclosures:

INSTRUCTIONS

1. All the details in the Application Form are to be filled up completely by the applicant, as an incomplete form is liable to be rejected.
2. Attested copies of relevant certificates regarding age, educational qualifications, caste, experience, registration certificate issued by Medical Council of India, address proof etc. should be attached/enclosed with the Application Form.
3. 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.)
