

Appendix

APPLICATION FORMAT FOR THE ENGAGEMENT OF DOCTOR ON HOURLY BASIS

Sr. No.	Particulars	<div style="border: 2px solid black; padding: 20px; width: 150px; margin: 0 auto;">Affix recent passport size colour photograph</div>
1.	Name in full: Shri/Kum./Smt. (To be given in capital letters)	
2.	Address Dispensary Residence Phone No. Mobile No. E Mail Address	
3.	Approximate distance from your Dispensary/Office/Residence to Bank's Office (Max 10 km is preferred but not compulsory)	
4.	Date of birth	
5.	Place of birth and domicile	
6.	Nationality	
7.	Community details (SC/ST/OBC/EWS/UR)	
8.	Educational Qualifications Degree University/ Board Year of Passing Class/ Rank	
9.	Particulars of any other	

	professional course completed in Medical field	
10.	Mention location applying for (i.e. Corporate Office, Mumbai / Nerul, Navi Mumbai/ CG Road, Ahmedabad)	
11.	<p>Details of experience (Only experience gained after MBBS should be stated)</p> <p>In Hospital (as a Physician period Month year and from and to)</p> <p>As General Practitioner (period Month year and from and to)</p>	
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 statements are incorrect or false or if any material information or particulars has been suppressed or omitted there from, my services are liable to be terminated without notice or compensation in lieu of notice.

Date:

(Signature of the applicant)