

Annexure - III

APPLICATION FORM

Application	on for	Eng	age	mer	nt of	Aut	hor	zed D	octor	on contra	ct basis
1. Mame in full: Shri/Sm 2 Father / Husband's N			st	o be ated	give first)	n in	bloc	k letter	, , Surna	me to be	Applicant's Passport size coloured Photograph
3. (a) Detailed Address											Applicant's Signature
Re	siden	се						Hosp	ital/Clin	ic where pr	esently practicing
(b) Contact Details: i) Mobile No. ii) Landline No iii) Email id (c) Approximate dis	.: :	from	the I	Bank							
Premises					F	GMC)/Zoi	nal Offi	ce: <zd< td=""><td>onal Office A</td><td>Address></td></zd<>	onal Office A	Address>
From					R	esid	ence			Но	spital
Distance (in KM Approx.)											
4. a.) Date of Birth: b.) Age: (Age as on	D)	D	M	M	Υ	Υ	Y	Y			
5. Place of Birth and D	omicile	э:									
6. Nationality:											
7. Whether belongs to	SC/ST	г/ОВ(Č/EV	VS/U	nres	erve	d (G	eneral)); 		
8. Educational Qualific	ations	(Indi	cate	degr	ee /	diplo	ma	obtaine	ed, In th	e order of h	nighest to least)
Degree / Diploma	-				versi					Month & Year of	Class /Rank secured

passing



9. Details of any other professional course completed in Medical field:

10. Details of experience - (Experience after graduation only should be stated)

10. Betails	Hospital Name	a	То	Period	
SL. NO-		From		Year/s	Month/s
	In Hospital (a	as a Physician)			
1					
2					
3					
	As Genera	l Practitioner			F
1					
2		<u> </u>			
3					

11.	Any other factor which applicant would like to bring into account in support of 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 medical consultancy services are liable to be terminated without notice or compensation in lieu of notice. I agree to the terms & conditions mentioned under Annexure – I and code of conduct as per Annexure – II.

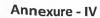
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\Box	210
U	ale

Place:

(Name & Signature of the applicant)

Instructions:

- 1. All the details in this form must be filled by the applicant.
- 2. Applications which do not contain the full details/particulars are liable to be rejected.
- 3. Attested copies of certificates regarding ID & Address proof, age, educational qualifications, experience etc. should accompany the application.
- 4. Duly signed copy of Annexure I & Annexure II is required to be submitted along with application
- 5. If the candidate is working as a Medical Officer for any institution, the details thereof and working hours therein should also be indicated.





CHECKLIST/DECLARATION

1,	Name	
2	Residential address	
3.	Qualification*	
4.	Date of Birth and Age as on date of submission of application	
5.	Honorarium expected	
6.	Venue	Indian Bank Office & clinic/ Hospital wherever practising
7	No. of hours in a day agreed to attend staff members (Minimum 2 hours)	
8.	No. of days in a week agreed to attend staff members (Minimum 3 days)	3 / 4/ 5 / all working days
9.	Whether Doctor will permit staff members/family members to avail his consultation in own clinic during working hours of the clinic	YES / NO
10.	Whether Doctor will assist the Indian Bank Office in processing medical bills whenever opinion is sought.	YES / NO
11.	Whether Doctor is agreeable for initial contract of three years and renewable yearly thereafter on mutually agreed terms.	YES / NO
12.	Whether Doctor is agreeable for maintaining of log of patients attended.	YES / NO

^{*}Please enclose relevant papers/Degree/Registration

Date:

Signature of applicant