



APPLICATION FORM

Application for Engagement as Part-Time Medical Consultant (MC) on Contract Basis with Fixed Hourly Remuneration

Reserve Bank of India, Kolkata Regional Office

Affix recent Self-
Attested Passport
size photograph

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	Residence:	Dispensary:
	(b) Phone No.	Landline:	Mobile:
	(c) Email ID		

4 Approximate distance from the Bank's Dispensaries located at:

Sr. No.	Address of the Dispensary	Distance (in Km) from	
		Applicant's Residence	Dispensary /Hospital where the applicant is currently working
i	Reserve Bank of India, Main Office Premises Dispensary (MOPD), 15, N.S. Road, Kolkata- 700001		
ii	RBI Staff Quarters, Dumdum Quarters Dispensary 1/B, B K Paul Lane, Dumdum, Kolkata – 700 030		

iii	RBI Staff Quarters, Salt Lake Quarters Dispensary LB Block, Sector III, Bidhannagar, Kolkata - 700098		
iv	RBI Staff Quarters, Singhi Park Quarters Dispensary, 16/5, Dover Lane, Singhi Park, Kolkata – 700 029		
v	RBI Officers Quarters, Ultadanga Quarters Dispensary, Ultadanga, Kolkata - 700067		
vi	RBI Senior Officers Quarters, Alipore Quarters Dispensary, New Road, Alipore, Kolkata - 700027		

5	Date of Birth in DD-MM-YYYY format and age as on January 01, 2025	Date of birth: Age: <input type="text"/> years <input type="text"/> months <input type="text"/> days		
6	Place of Birth and Domicile			
7	Nationality			
8	Category-Tick (√) the appropriate box	SC	ST	UR
		<input type="text"/>	<input type="text"/>	<input type="text"/>

9	Educational Qualification (Indicate degree/diploma obtained, in the order of highest to least)			
Sr. No.	Degree/ Diploma	University/ Board	Year of Passing	Percentage

10	Particulars of any other course in medicine completed by the applicant		
Sr. No.	Course Name	Institute	Year of Completion

11	Details of experience (Only Experience gained after graduation should be stated)				
Sr. No.	Experience	From	To	Period	
				Years	Months
	(a) In Hospital (As a Physician)				
	(b) As General Practitioner				
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 understand that if at any stage, it is found that any information given in this application is false/ incorrect or that I do not satisfy the eligibility criteria according to the Bank, my candidature/ appointment is liable to be cancelled/ terminated without notice or compensation in lieu of notice. I have read and understand the stipulations given in the advertisement and hereby undertake to abide by them.

(Signature of the applicant)

Place:

Date: