

Appendix

APPLICATION FORMAT FOR THE POST OF BANK MEDICAL OFFICER ON CONTRACT BASIS

Sr. No.	Particulars	
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)	
4.	Date of birth	
5.	Place of birth and domicile	
6.	Nationality	
7.	Community details (SC/ST/OBC/EWS)	
8.	Educational Qualifications Degree University/ Board Year of Passing Class/ Rank	
9.	Particulars of any other professional course completed in Medical field	
10.	Details of experience (Only experience gained after graduation should be stated) In Hospital (as a Physician period Month year and from and to) As General Practitioner (period Month year and from and to)	
11.	Any other factors which the	

	applicant would like to bring into account for considering his/her application	
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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)