

Annexure-III

APPLICATION FORM

Application for Engagement of BMO on Contract Basis with fixed hourly remuneration at NABARD

Fix recent
passport sized
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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. : _____
Mobile No. : _____
E-mail ID : _____

(c) Approximate distance from the Bank's Dispensary located at :

Address	Distance from Residence (in Kms)	Distance from Dispensary (in Kms)

4. (a) Date of Birth : _____

DD/MM/YYYY

(b) Age as on : _____ Years _____ Months

5. Place of birth and domicile : _____

6. Nationality : _____

7. Whether belongs to SC/ST/OBC/UR (General) : SC/ST/OBC/UR(Gen)

8. Educational Qualifications :

(Indicate degree/diploma obtained, in the order of highest to least)

Degree/Diploma	University/Board	Year of passing	Class/Rank

9. Medical Registration No. _____ and Valid Upto: _____

10. Particulars of any other Courses in Medicine completed by the applicant:

11. Details of experience : (experience after graduation should only be stated)

Experience	Place	From	To	Period	
				Year/s	Month/s
In hospital (as a Physician)					
As General Practitioner					

12. Any other factors, viz. his/her previous tenure/association with NABARD/Govt. Organization and in case of disassociation, reasons thereof 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 have been suppressed or omitted therefrom, my engagement is liable to be terminated without notice or compensation in lieu thereof.

Place:

Date:

(Signature of applicant)