## **APPLICATION FORM**

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

Fix recent passport size photograph

1. Name in full : Shri/Smt./Kum								
o be given in BLOCK letters)								
2. Father/Husband's Name:								
a (a) Address:								
3. (a) Address : Residence	D	Dispensary						
(b) Phone No.		<u> </u>						
(c) Mobile No. (i)		(ii)						
(d) e-mail ID :								
(e) Approximate distance from	n the Bank's Dispensary	located at : NABAR						
Jammu and Kashmir Regiona	l Office (Srinagar Cell) l							
Anneve Raihagh Crinagar = 10	90008 ( J&K)							
Annexe, Rajbagh, Srinagar – 19								
Tumese, Rajbagu, ormagar – Iç								
Address	Distance from	Distance from						
		Distance from Dispensary (in KM)						
	Distance from							
	Distance from							
	Distance from							
	Distance from							

4. (a) Date of Birtl	n		D	D	M	M	Y	Y	Y	Y	
(b) Age as on(date 5. Place of birth ar										ths	
6. Nationality	:										
7. Whether belong	gs to SC/ST/C	BC/UR (	Gene	eral)	: SC	C/ST	/OB	C/UI	R(Ge	en)	
8. Educational Qu (Indicate degree/o		ned, in tl	ne or	der o	of hig	ghest	to le	east)			
Degree/Diploma University/Board		//Board	Year of passing					Class/Rank			
					45						
9. Medical Regist	any other Cou			and	d Va	lid U	pto:				
Medicine comp	pieted by the a	аррисапт	<b>:</b>								
11. Details of expe (Experience at		n should	only	be s	tated	·1)					
Experience	Place	Fron	n To			Period					
In hospital							Ye	ear/s	<u> </u>	Month/s	
(as a Physician)											
As General Practitioner											
12. Any other fact considering his/he			t woı	ıld li	ike t	o bri	ng i	nto a	.cco1	unt for	

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)

## **INSTRUCTIONS**

- 1. All the details in the Application Form are to be filled up completely by the applicant, as incomplete Forms are liable to be rejected.
- 2. Attested copies of relevant certificates regarding age, educational qualifications, Medical Registration, caste, experience etc., should be attached with the Application Form.
- 3. If the candidate is working as a Medical officer for any institution the details thereof and working hours therein should be indicated.

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