

**APPLICATION FORM**

**Application for Engagement of BMO  
On Contract basis with fixed hourly remuneration at NABARD**

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1. Name in full : Shri / Smt./Kum \_\_\_\_\_  
(to be given in block letter, 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

D	D	M	M	Y	Y	Y	Y

b) Age as on September 01, 2024 : \_\_\_\_ Years \_\_\_\_ Months

5. Place of birth and domicile :

6. Nationality :

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

8. Educational Qualifications :

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

<b>Degree/Diploma</b>	<b>University/Board</b>	<b>Year of Passing</b>	<b>Class/Rank</b>

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):

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

12. 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 have been suppressed or omitted therefrom, my engagement is liable to be terminated without notice or compensation in lieu thereof.

Place :

Date :

(Signature of the 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.