Annexure- III

APPLICATION FORM

Application for Engagement of Bank's Medical Officer (BMO) On Contract basis with fixed hourly remuneration at NABARD

with fixed hourly remuneration at NABARD										
				Fix recent						
				passport						
				Size photograph						
1.	Name in full: Shri/Smt./Kun	n								
(to be given in block letters, Surname to be stated first)										
2.	Father/ Husband's Name:									
3.	(a) Address :									
	The Control of the Co	Residence		Dispensary						
(b)	Phone No.:									
Mobile No.:										
	E-mail ID :									
(c)	Approximate distance from Bank's Dispensary located at: NABARD 3, Nehru Place, Lal Kothi, Tonk Road, Jaipur and NABARD Staff Quarters, Near Balaji Mod, Opp Reliance Petrol Pump, Model Town, Malviya Nagar, Jaipur									
	Address	Distance from Re (in Kms.)	esidence	Distance from Dispensary (in Kms.)						

			-								
4.	(a) Date of Birth		:	`	D	M	M	V			
			I		D	IVI	M	Y	Y	Y	Y
	(b) Age as on Sep	tember 30, 2023 :			Yea	rs		Mc	onths		
5.	Place of birth and d	d domicile :									
6.	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)											
Degree/ Diploma		University/ Board		Year of passing			C	Class/ Rank			
								+			
	Medical Registration):							-	
	Particulars of any ot edicine completed b										
	Details of experience Experience after gra		y be st	ate	d)						

Experience	Place	From	То	Period		
Experience				Year/s	Month/s	
In hospital (as						
a Physician)						
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 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 lieuthereof.

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P	2	r	0	

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.
- 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.
