

## Application Form

Application for engagement as Medical Consultant (MC) on Contract Basis with  
Fixed Hourly Remuneration

## Reserve Bank of India, Mumbai Office

Affix recent Self-  
Attested Passport  
size photograph

|   |                                                                                                       |            |             |
|---|-------------------------------------------------------------------------------------------------------|------------|-------------|
| 1 | Name in full<br>Shri/Smt./Kum.<br>(to be given in<br>block letters,<br>Surname to be<br>stated first) |            |             |
| 2 | Father /Husband's<br>Name:                                                                            |            |             |
| 3 | (a)Address                                                                                            | Residence: | Dispensary: |
|   | (b)Phone No.                                                                                          | Landline:  | Mobile:     |
|   | (c) email ID                                                                                          |            |             |

4. Approximate distance from the Bank's Dispensary located at:

| Sr.<br>No. | Address of the Dispensary                                                       | Distance (in Km) from    |                                                                        |
|------------|---------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------|
|            |                                                                                 | Applicant's<br>Residence | Dispensary<br>/Hospital where<br>the applicant is<br>currently working |
| i          | RBI Staff Quarters, Raheja Township<br>Jeetendra Road, Malad (E), Mumbai-400097 |                          |                                                                        |
| ii         | RBI Staff Quarters, Lt. D.G. Marg, Mahim,<br>Mumbai - 400016                    |                          |                                                                        |

|      |                                                                                              |  |  |
|------|----------------------------------------------------------------------------------------------|--|--|
| iii  | RBI Staff Quarters, Bhandup (E), Mumbai-400042                                               |  |  |
| iv   | RBI Officers Quarters, Sun Plazzo, Matulya Compound, S. B. Marg Lower Parel, Mumbai - 400013 |  |  |
| v    | RBI Officers Quarters, Vasant Vihar, Napean Sea Road, Mumbai-400006                          |  |  |
| vi   | RBI Staff Quarters, Kandarpada, Dahisar(W), Mumbai-400068                                    |  |  |
| vii  | Reserve Bank of India, Mumbai Regional Office, Amar Building, Fort, Mumbai - 400001          |  |  |
| viii | Tapovan, RBI Officers Quarters, Pathanwadi, Malad(E), Mumbai-400097                          |  |  |
| ix   | Kailash, RBI Officers Quarters, Near Saibaba Mandir, Malad (E), Mumbai-400097                |  |  |
| x    | Varada Officer's Quarters Dispensary, Veer Savarkar Marg, Near BTC, Dadar, Mumbai – 400028   |  |  |
| xi   | Tardeo Officer's Quarters, Opp. A.C. Market, Tardeo Road, Mumbai – 400034                    |  |  |
| xii  | Bank House Quarters, Backbay Reclamation, Near Mantralaya, Mumbai – 400020                   |  |  |
| xiii | RBI, Bandra Kurla Complex Road, E Block, Bandra Kurla Complex, Bandra East, Mumbai - 400051  |  |  |
| xiv  | Chembur Officer's Colony<br>Sion- Trombay Road, Opp. RBI Staff Quarters, Mumbai - 400071     |  |  |

|   |                                                                  |                                                                                                         |
|---|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| 5 | Date of Birth in DD-MM-YYYYY format and age as on April 01, 2022 | Date of birth:<br>Age: <input type="text"/> years <input type="text"/> months <input type="text"/> days |
| 6 | Place of Birth and Domicile                                      |                                                                                                         |

|                |                                                                                  |                          |                           |                   |               |     |
|----------------|----------------------------------------------------------------------------------|--------------------------|---------------------------|-------------------|---------------|-----|
| 7              | Nationality                                                                      |                          |                           |                   |               |     |
| 8              | Category-Tick (√) the appropriate box                                            | SC                       | ST                        | OBC               | EWS           | GEN |
|                |                                                                                  |                          |                           |                   |               |     |
| 9              | Educational Qualifications                                                       |                          |                           |                   |               |     |
| <b>Sr. No.</b> | <b>Degree/ Diploma</b>                                                           | <b>University/ Board</b> | <b>Year of Passing</b>    | <b>Percentage</b> |               |     |
|                |                                                                                  |                          |                           |                   |               |     |
|                |                                                                                  |                          |                           |                   |               |     |
|                |                                                                                  |                          |                           |                   |               |     |
|                |                                                                                  |                          |                           |                   |               |     |
|                |                                                                                  |                          |                           |                   |               |     |
| 10             | Particulars of any other course in medicine completed by the applicant           |                          |                           |                   |               |     |
|                | <b>Course Name</b>                                                               | <b>Institute</b>         | <b>Year of Completion</b> |                   |               |     |
|                |                                                                                  |                          |                           |                   |               |     |
|                |                                                                                  |                          |                           |                   |               |     |
| 11             | Details of experience (Only Experience gained after graduation should be stated) |                          |                           |                   |               |     |
| <b>Sr. No.</b> | <b>Experience</b>                                                                | <b>From</b>              | <b>To</b>                 | <b>Period</b>     |               |     |
|                |                                                                                  |                          |                           | <b>Years</b>      | <b>Months</b> |     |
| (a)            | In Hospital (As a Physician)                                                     |                          |                           |                   |               |     |
|                |                                                                                  |                          |                           |                   |               |     |
|                |                                                                                  |                          |                           |                   |               |     |
|                |                                                                                  |                          |                           |                   |               |     |
|                |                                                                                  |                          |                           |                   |               |     |
| (b)            | As General Practitioner                                                          |                          |                           |                   |               |     |
|                |                                                                                  |                          |                           |                   |               |     |
|                |                                                                                  |                          |                           |                   |               |     |
| 12             | Any other factors which the applicant would like to bring into                   |                          |                           |                   |               |     |

|  |                                                  |     |  |
|--|--------------------------------------------------|-----|--|
|  | account<br>considering<br>his/her<br>application | for |  |
|--|--------------------------------------------------|-----|--|

I hereby declare that the information and particulars given by me in this form are true and correct. I understand that if at any stage, it is found that any information given in this application is false/ incorrect or that I do not satisfy the eligibility criteria according to the Bank, my candidature/ appointment is liable to be cancelled/ terminated without notice or compensation in lieu of notice. I have read and understand the stipulations given in the advertisement and hereby undertake to abide by them.

(Signature of the applicant)

Place :

Date :

### **Instructions**

1. All the details in the Application Form are to be filled up completely by the applicant, as incomplete Form are liable to be rejected.
2. Attested copies of certificates regarding age, educational qualifications, experience, caste, copy of registration certificate issued by Medical Council of India etc. should be attached/enclosed with the application.
3. In support of the experience gained by the applicant the submitted Certificate must contain the details of duty hours and the nature of duty. (If the candidate is working as a Medical Officer for any institution the details thereof and working hours therein should be indicated.)