



# **APPLICATION FORM**

## **RESERVE BANK OF INDIA, JAMMU**

**Application for Engagement of Medical consultant  
On contract basis with fixed hourly remuneration at RBI, Srinagar**

Fix recent  
passport  
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photograph

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

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<br>Residence (in Kms.) | Distance from<br>Dispensary (in Kms.) |
|--|--------------------------------------|---------------------------------------|
| Main Office Building<br>Reserve Bank of India<br>Amir Manzil, 1-C, Rajbagh,<br>Srinagar - 190008 |                                      |                                       |

4. Date of Birth and age as

On January 01, 2020 :

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |
| D | D | M | M | Y | Y | Y | Y |

..... 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<br>passing | Class/<br>Rank |
|----------------|------------------|--------------------|----------------|
|                |                  |                    |                |
|                |                  |                    |                |
|                |                  |                    |                |
|                |                  |                    |                |
|                |                  |                    |                |

9. Particulars of any other Courses in medicine completed by the applicant:

10. Details of experience

(Experience after graduation should only be stated):

| Experience                   | From | To | Period |         |
|------------------------------|------|----|--------|---------|
|                              |      |    | Year/s | Month/s |
| In Hospital (as a Physician) |      |    |        |         |
| As General Practitioner      |      |    |        |         |

11. 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 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, 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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