



**Application for the post of Medical consultant
on contract basis with fixed hourly remuneration at RBI, Ahmedabad**

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1. Name in full: Shri/Smt./ Kum _____
(in block letters)

2. Father/Husband's Name: _____

3. (a) Address:

| Residence | Dispensary |
|-----------|------------|
| | |
| | |
| | |
| | |
| | |

(b) Landline 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.) |
|---------|--------------------------------------|--|
| | | |

| | | |
|---|--|--|
| Reserve Bank of India Main Office Building Near Gandhi Bridge Ahmedabad – 380014 | | |
| Reserve Bank of India Riverfront Building, Ashram Road Ahmedabad -380009 | | |
| RBI Senior Officers Quarters 'Parag' Near Commerce Six Road Navrangpura, Ahmedabad - 380009 | | |
| RBI Staff Quarters 'Utraksh', Subhash Bridge Ahmedabad - 380027 | | |

4. Date of Birth and age as on January 01, 2021

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

5. Place of birth and domicile: _____

6. Nationality : _____

7. Category (tick the appropriate box):

| | | | | |
|----|----|-----|-----|-----|
| SC | ST | OBC | EWS | GEN |
| | | | | |

8. Educational Qualifications (Degree/diploma obtained, in order from the highest):

| Sr. No. | Degree/Diploma | University/Board | Year of passing | Percentage/Class/Rank |
|---------|----------------|------------------|-----------------|-----------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

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

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10. Details of experience (Experience after graduation should only be stated):

| Experience | From | To | Period | |
|----------------------------------|------|----|--------|---------|
| | | | Year/s | Month/s |
| (a) In Hospital (as a Physician) | | | | |
| 1. | | | | |

| | | | | |
|-----------------------------|--|--|--|--|
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| (b) As General Practitioner | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

11. 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 must be filled up by the applicant.
2. Applications without full particulars are liable to be rejected.
3. Attested copies of relevant certificates regarding age, educational qualifications, caste, experience etc. should be attached with the application.
4. If the candidate is working as a Medical Officer for any institution, the details thereof and working hours therein should be indicated.