



Annex - III

**APPLICATION FOR THE POST OF PART-TIME
BANK'S MEDICAL CONSULTANT (ON CONTRACT BASIS
WITH FIXED HOURLY REMUNERATION) IN
RESERVE BANK OF INDIA, IMPHAL**

1.	Name in Full (In Block Letters)	Shri / Smt./ Kum. _____			Affix recent passport size photograph with applicant's signature
2.	Father's / Husband's Name	Shri _____			
3.	(a) Address	Residence:	Dispensary:		
	(b) Phone No.	Landline:	Mobile:		
	(c) E-mail ID				
	(d) Address	Approximate Distance from Residence (in kms)	Approximate distance from dispensary (in kms)		
	(i) Reserve Bank of India, Lilashing Khongnangkong, Opposite Manipur Legislative Assembly, Imphal – 795001.				
4.	Date of Birth (as recorded in School Leaving certificate) and Age (as on date of advertisement)				
5.	Place of Birth and Domicile				
6.	Nationality				
7.	Category	SC	ST	OBC	GEN



8.	Educational Qualifications:				
Sr No	Degree / Diploma	University / Board		Year of Passing	Percentage / Class
9.	Particulars of any other course in medicine completed by the applicant				
10.	Details of experience (Only experience gained after graduation should be stated)				
Sr No	Experience	From	To	Period	
				Years	Months
(a)	In Hospital (As a physician)				
(b)	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 all the information and particulars given by me in this application form are true, complete and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that any information given in the application is incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank,



my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the stipulations given in the advertisement and hereby undertake to abide by them.

(Signature of applicant)

Place:

Date:

Instructions:

1. All the details in this form must be filled by the applicant.
2. Applications which do not contain the full particulars called for are liable to be rejected.
3. Attested copies of certificates regarding age, educational qualifications, experience, caste etc. should accompany the application.
4. If the candidate is working as a Medical Officer for any institution, the details thereof and working hours therein should also be indicated.