



Annexure III

Application Form

Application for Engagement of Bank Medical Consultant
on contract basis with fixed hourly remuneration at RBI, Imphal

Fixed recent
passport size
photograph

1. Name in full: Shri/Smt./Kum.: _____
(to be given in block letter, Surname to be stated first)

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 Residence (in Kms.)	Distance from Dispensary (in Kms.)
Reserve Bank of India, Lilashing Khongnangkong, Opposite Manipur Legislative Assembly, Imphal, Manipur – 795 001.		

4. Date of Birth:

Age as on January 01, 2022

_____ Years _____ Months _____ Days

5. Place of Birth and Domicile:

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	Class / 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
			Years / Months
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 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)