

FORMAT OF APPLICATION FOR PART TIME MEDICAL CONSULTANT ON CONTRACT BASIS

Date:- _____

To,
The General Manager
Bank of Baroda
Zonal Office
4th Floor, MG Road Metro Station Complex
Opp. Chennai Silks, MG Road,
Ernakulam PIN 682 035



Dear Sir,

Re: Application for Bank's Part Time Medical Consultant on Contract Basis at Ernakulam

I refer to the advertisement published in the newspaper on _____ and apply for the captioned post by submitting hereunder my Bio-data.

1.	FULL Name [Beginning with surname; if any]		
2.	Date of Birth and Age	Age _____ Years	
3.	Educational Qualifications		
4.	Experience [In detail i.e. from date, to date, place, functional area]		
5.	Present Occupation and Timings		
6.	Address of Clinic		
7.	Residential Address		
8.	Address for communication		
9.	Contact details	Clinic Land Line	
		Residential Land Line	
		Mobile Number	
		Email ID	

I have read the details pertaining to period of contract, timings and place, fees, job-role, terms & conditions, etc., on Bank's website and understood the same. I hereby undertake to abide by the details given on website.

I undertake to submit duly attested copies of educational qualification certificate[s], experience certificate[s] etc.; at the time of personal interview along with original for verification.

Yours faithfully,

[_____]
Signature & Name of Candidate