

Application form for the post of Chief Medical Consultant on Fixed Term Engagement on Contract Basis

I. PERSONAL DETAILS

Please affix latest passport size photograph

| | | | | | | | | | | |
|-----|--|---|---------------------------------|--------------------------------------|-----|----|----|----|----|----|
| 1 | Full Name | | | | | | | | | |
| 2 | Father's / Husband's Name | | | | | | | | | |
| 3 | Gender(Please tick the applicable option) | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Transgender | | | | | | |
| 4 | Contact Address | City/Village/Town: _____ District: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State/UT: _____ PIN CODE: _____ | | | | | | | | |
| 5 | Permanent Address | City/Village/Town: _____ District: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State/UT: _____ PIN CODE: _____ | | | | | | | | |
| 5 | Contact E-mail ID | | | | | | | | | |
| 6 | Contact Mobile No. | | | | | | | | | |
| 7 | Date of Birth | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | | |
| 8 | Nationality* | | | | | | | | | |
| 9 | Caste Category | <p align="center">SC / ST / OBC / GENERAL / EWS (Please tick the applicable) and also write it down in the space below:-</p> <input type="text"/> | | | | | | | | |
| 10 | Whether Person with Bench Mark Disability(Please tick the applicable option) | <table border="1"> <tr> <td align="center">Yes</td> <td align="center">No</td> </tr> </table> If 'Yes': i. Type of Disability <table border="1"> <tr> <td align="center">OC</td> <td align="center">HI</td> <td align="center">VI</td> <td align="center">ID</td> </tr> </table> ii. Percentage of Disability <input type="text"/> % | | | Yes | No | OC | HI | VI | ID |
| Yes | No | | | | | | | | | |
| OC | HI | VI | ID | | | | | | | |

| | | |
|----|-------------|--|
| 11 | Blood Group | |
| 12 | PAN No. | |

**In case you are a subject of Nepal /Bhutan/a Tibetan refugee who came over to India before 1st January 1962 with the intention of permanently settling in India or a person of Indian origin who has migrated from Pakistan, Burma, Sri Lanka, East African ,Countries of Kenya, Uganda, the United Republic of Tanzania (formerly Tanganyika and Zanzibar), Zambia, Malawi, Zaire, Ethiopia and Vietnam with the intention of permanently settling in India, a certificate of eligibility issued by the Government of India is to be produced*

II LANGUAGES KNOWN

| Language | Speak | Read | Write |
|---------------------------------------|-------|------|-------|
| Official Language Proficiency (HINDI) | | | |
| | | | |
| | | | |
| | | | |
| | | | |

III EDUCATIONAL/PROFESSIONAL QUALIFICATION DETAILS:

| Qualification/ Class Grade | Year of Enrolment | Year of Passing | Stream (if applicable) | College / University | % of Marks/C.G.P.A /G.P.A |
|---|-------------------|-----------------|------------------------|----------------------|---------------------------|
| MBBS | | | | | |
| MD | | | | | |
| Any other qualification/ Certification-I | | | | | |
| Any other qualification/ Certification-II | | | | | |

**wherever there is a C.G.PA/G.P.A awarded by any University the same has to be converted into equivalent percentage terms*

IV. PREVIOUS EMPLOYMENT DETAILS, IF ANY

| Name of the Organization with full address | Post occupied and description of work | From | To | Reasons for leaving the job |
|--|---------------------------------------|------|----|-----------------------------|
| | | | | |
| | | | | |
| | | | | |

V. FAMILY DETAILS

| Relationship (Mother / Father/ Spouse/ Child....etc | Name | Date of Birth | Dependent Y/ N | If Physically Challenged (Type and %age) |
|---|------|---------------|-------------------|--|
| Father | | | | |
| Mother | | | | |
| | | | | |
| | | | | |
| | | | | |

VI. OTHER DETAILS

| |
|--|
| A. Identification Mark : |
| |
| B. Give Details of any practical Training you had as part of your academic career/training : |
| |
| C. Have you any publication to your credit (Papers, articles etc..) ? If so, please give details. |
| |
| D. Are you studying for any further course? If so give details. |
| |
| E. Are you a member of any professional bodies? If yes, please give details : |
| |
| F. Have you traveled abroad? If so , please give details about the purpose, duration of your stay abroad, any experience gained etc. |
| |

G. Have you ever been arrested or kept under detention or bound/fined/convicted by court of Law or debarred/disqualified from any examination including examination conducted by Public Service Commission or restricted by, any authority/ institution? If yes, give full details :-

H. Any other information you would like to give :-

VII. DECLARATION

- i. I have all the documents in support of the eligibility for the post of Chief Medical Consultant as enumerated in the advertisement/notification and shall furnish the same at any stage for verification.
- ii. I further agree that in the event of any information given by me in this form, on the basis of which my shortlisting/appointment is considered by the Bank is found to be false, it will constitute serious misconduct which will render me liable to immediate dismissal from the Selection Process/Bank's service.

PLACE: -

DATE:-

SIGNATURE