

FORMAT OF APPLICATION FOR PART TIME MEDICAL CONSULTANT

Date:- _____

To,
The Assistant General Manager
National Shared Services Centre
24th floor, GIFT Tower-1, Road-5, Zone-5C,
Gift City, Gandhinagar-382355, Gujarat.

Dear Sir,

Re: Application for Part Time Medical Consultant at GIFT City

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]		
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