

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