

**APPLICATION FORM**

Application for Engagement of Consultant Doctor on one year contract basis with fixed hourly remuneration at Bank of Maharashtra, Head Office, 'Lokmangal', Shivajinagar, Pune.

1)	Name in full (To be given in block letter, Surname to be stated first)	Shri/Kum./Smt.		
2)	Father/Husband's Name			
3)	(a) Address - Residence			
	(b) Address - Dispensary			
	(c) Telephone No			
	(d) Mobile No			
	(e) E-mail ID			
	Approximate distance from the Bank's Dispensary located at 'Lokmangal', 1501, Shivajinagar, Pune - 411005.			
4)	Date of Birth and Age as on October 01, 2015			
5)	Place of Birth and Domicile			
6)	Nationality			
7)	Registration No. and Date			
8)	Identity & Address Proof			
9)	Pan No. (PAN Card copy to be enclosed)			
10)	Educational Qualifications (Indicate degree/diploma obtained, In the order of highest to least)			
	Degree/Diploma	University/Board	Year of passing	Class/ Rank
11)	Particulars of any other professional course completed in Medical field			
12)	Details of experience - (Experience after graduation only should be stated)			
	Experience	From	To	Period
				Year/s      Month/s
	In Hospital (as a Physician)			
	As General Practitioner			
13)	Any other factor which applicant would like to bring into account in support of his/her application			



I hereby declare that the 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 has been suppressed or omitted there from, my engagement is liable to be terminated without notice or compensation in lieu of notice.

Date:

Place:

(Signature of the applicant)

**INSTRUCTIONS :**

- a) All the details in the Application Form are to be filled up completely by the applicant, as incomplete Forms are liable to be rejected.
- b) Attested copies of relevant certificates regarding age, educational qualifications, caste, work experience, PAN card, Registration No., ID, Address proof, etc. should be attached with the Form.
- c) In support of the experience gained by the applicant the Certificate submitted must contain the details of duty hours and the nature of duty.
- d) The Institutes/Hospitals may apply on their letter-head, giving information on all resources available with them for our purpose.

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