

**Annexure-III**

**APPLICATION FORM**

**Application for Engagement of BMO on Contract Basis with fixed hourly remuneration at NABARD**

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photograph

1. Name in full :  
Shri/Smt./Kum. \_\_\_\_\_  
(to be given in BLOCK letters, Surname to be stated first)
2. Father/Husband's Name :
3. (a) Address :

<b>Residence</b>	<b>Dispensary</b>

- (b) Phone No. : \_\_\_\_\_  
Mobile No. : \_\_\_\_\_  
E-mail ID : \_\_\_\_\_

(c) Approximate distance from the Bank's Dispensary located at :

<b>Address</b>	<b>Distance from Residence (in Kms)</b>	<b>Distance from Dispensary (in Kms)</b>

4. (a) Date of Birth : \_\_\_\_\_

DD/MM/YYYY

(b) Age as on : \_\_\_\_\_ Years \_\_\_\_\_ Months

5. Place of birth and domicile : \_\_\_\_\_

6. Nationality : \_\_\_\_\_

7. Whether belongs to SC/ST/OBC/UR (General) : SC/ST/OBC/UR(Gen)

8. Educational Qualifications :

(Indicate degree/diploma obtained, in the order of highest to least)

Degree/Diploma	University/Board	Year of passing	Class/Rank

9. Medical Registration No. \_\_\_\_\_ and Valid Upto: \_\_\_\_\_

10. Particulars of any other Courses in Medicine completed by the applicant:

11. Details of experience : (experience after graduation should only be stated)

Experience	Place	From	To	Period	
				Year/s	Month/s
In hospital (as a Physician)					
As General Practitioner					

12. Any other factors, viz. his/her previous tenure/association with NABARD/Govt. Organization and in case of disassociation, reasons thereof which the applicant would like to bring into account for considering 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 have been suppressed or omitted therefrom, my engagement is liable to be terminated without notice or compensation in lieu thereof.

Place:

Date:

(Signature of applicant)

## **INSTRUCTIONS**

1. All the details in the Application Form are to be filled up completely by the applicant, as incomplete Forms are liable to be rejected.
2. Attested copies of relevant certificates regarding age, educational qualifications, Medical Registration, caste, experience etc., should be attached with the Application Form.
3. If the candidate is working as a medical officer for any institution the details thereof and working hours there should be indicated.

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