APPLICATION FORM

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

Fix recent passport Size photograph

Name in full: Shri /										
Smt.Kum										
(to be given in block lette	r, Sui	name	e to b	e state	ed fir	st)				
2. Father / Husband' Nar	ne : _									
3.(a) Address:										
Residence					Dispensary					
(b) Phone No:										
Mobile No:										
E-mail ID:										
(c) Approximate distance				e Diei	nensa	ary lo	cated	at·		
	11011					-				
Address Distr Kms			vistance from Residence(in ms.)					Distance from Dispensary (in Kms.)		
		•								
4.a. Date of Birth										
	D	D	M	M	Y	Y	Y	Y		
		1	I		<u> </u>	1	I	<u> </u>		
b. Age as on(date of Advertisem	 ient)			•••••	·:			_YearsMonths		

6. Nationality:						
7. Wheather be	elongs to SC	C/ST/OBC/UR(Ge	neral): SC/ST/	'OBCUR(Gen)		
8. Educational	Qualification	on:				
(Indicate de	gree / diplo	oma obtained, in the	order of highes	t to least)		
Degree / Dipl	oma U	niversity / Board	Year of passin	g Class	Class / Rank	
9 Medical Reg	istration No	o. and Valid Upto:				
7.ivicultai Reg	istration i ve	s. and vand opto.				
10 D- ::: -:-1- ::-	- (11	C :. M-4:.		1:		
10.Particulars	of any otner	rs Courses in Medic	ine completed b	y applicant:		
_	•	Experience after gra				
Experience	Place	From	То	Years/s	riod Month/s	
In hospital(as				Tearsy 5	ivioritiy 5	
a Physician As General						
Practioner						
12.Any other f / her Applicat		h the applicant wou	ıld like to bring i	into account for	considering his	
/ Her ripplicat	ioii.					
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•		information and pa any of the above sta	_	•		
information of	r particular	s have been suppre	essed or omitted	therefrom, my	-	
liable to be ter	minated wi	thout notice or com	pensation in lieu	thereof.		
Place:						
Date:						

5. Place of birth and domicile:

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 therein should be indicated.
