APPLICATIONFORM(Annex-I)

Engagement of Medical Consultant on contractual basis at Punjab & Sind Bank, Zonal Office Chandigarh

Fix recent passportSizephotogr aphSelf-attested

Name in full: Shri/Smt./Kum		
(To be give	en in block letter, Surname to be stated first)	
2. Father/Husband'sName:		
3. (a)Address:		
Residence	Institute/ Firm where presently working	
(b)PhoneNo.:		
MobileNo		¥T
E-mailID:		
4. Date of Birth(DD/MM/YYYY):		
5. Place of birth and domicile:		
6. Nationality:		

Degree		University /Board	earof assing	Class /Rank
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10. Registration No:

I hereby declare that all the information and particulars given by me in this application formare true, complete & and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that any information given in the application is incorrect or false or if any material information or particulars have been suppressed or

omitted there from or that I do not satisfy the eligibility criteria according to the Bank, my candidature/engagement/appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the stipulations given in the advertisement and herebyundertaketoabidebythem.

Place:			
Date:			
		(Signature of	theapplicant)

INSTRUCTIONS

- 1. All the details in this form must be filled by the applicant.
- 2. Applications which do not contain the full particulars called for are liable to be rejected.
- 3. Self-Attested copies of certificates regarding age, educational qualifications, registration certificate, experience, etc. Should accompany the application.
- 4. If the candidate is working for any institution/hospital, the details there of and working hours there in should also be indicated.