## APPLICATION FORM (Annex-I)

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

Fix recent passport Size photograph Self-attested

| 1. Name in full: Shri/Smt./Kum |   |
|--------------------------------|---|
| (To be giv                     | en in block letter, Surname to be stated first) |
| 2. Father/Husband's Name:      |   |
| 3. (a) Address:                |   |
| Residence                      | Institute / Firm where presently working        |
|                                |   |
|                                |   |
| (b) Phone No.:                 |   |
| Mobile No                      |   |
| E-mail ID:                     |   |
|                                |   |
| . Date of Birth (DD/MM/YYYY):  |   |
| . Place of birth and domicile: |   |
| . Nationality:                 |   |

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|---|-------|---------|-------|--------|---------|
| , | Educa | tions   | (1112 | HITICA | TIONS:  |
| / | FULL  | lliUlla | Qua   | IIII L | LIUIIS. |

(Indicate Degree obtained, in the order of highest to least)

| Degree | University / Board | Year of<br>Passing | Class<br>Rank |
|--------|--------------------|--------------------|---------------|
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| ο. | Details | OI | EXDE | Hence  |

(Experience after graduation should only be stated)

| Experience | From | То |      | Period      |  |
|------------|------|----|------|-------------|--|
| Exponence  |      |    | Year | r/s Month/s |  |
|            |      |    | 46.4 |             |  |
|            |      |    |      |             |  |
|            |      |    |      |             |  |
| *          | La.  |    |      |             |  |
|            |      |    |      |             |  |

| r factors which the<br>s/her Application | e Applicant wou | ia like to bring ii | nto account for |  |
|--|-----------------|---------------------|-----------------|--|
| <br>                                     |                 |                     | -               |  |
|  |                 |                     |                 |  |
|  |                 |                     |                 |  |
| T  |                 |                     |                 |  |

| 10. | Registration No: |
|-----|------------------|

I hereby declare that all the information and particulars given by me in this application form are 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 therefrom 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 hereby undertake to abide by them.

| Place: |  |  |
|--------|--|--|
|        |  |  |
| Date:  |  |  |
|        |  |  |
|        |  |  |

(Signature of the applicant)

## 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 thereof and working hours therein should also be indicate