APPLICATION FORM (Annex-I)

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

Fix recent passport Size photograph Self-attested

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



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/	Educational	Qualifications:

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

Degree	University / Board	Year of Passing	Class / Rank
		, dooning	rank
		-	

8. Details of Experience

(Experience after graduation should only be stated)

Experience	From	То	Period			
			Year/s	Month/s		
			B 9			
	(2000 Tray tray tray 1					

Any otl s/her App	h the Applic	cant would like to	bring into	account for	considering

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 donot 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 t	he adv	erti	sement and her	eb	y und	dertake to a	abide b	ov the	m.		

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 indicated.

