APPLICATIONFORM(Annex-I)

Engagement ofMedical Consultanton contractual basis at Punjab & Sind Bank, Zonal Office …….

Fix recent passportSizephotograph Self-attested

1. Nameinfull: Shri/Smt./Kum._____

(Tobegiven inblockletter, Surnametobestated first)

2. Father/Husband'sName:_____

3. (a)Address:

Residence	Institute/ Firm where presently working

(b)PhoneNo.:_____

MobileNo._____

E-mailID:_____

4. Date of Birth(DD/MM/YYYY):_____

5. Placeof birth anddomicile:_____

6. Nationality:_____

7. EducationalQualifications:

(IndicateDegree obtained, in the order of highestto least)

Degree	University /Board	Yearof Passing	Class /Rank

8. DetailsofExperience

(Experience aftergraduationshould only be stated)

Experience	From	To	Period	
			Year/s	Month/s

9. AnyotherfactorswhichtheApplicantwouldliketobringintoaccountforconsideringhis/herApplication

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 ifat any stage, it is found that any information given in the application is incorrect or false or ifanymaterialinformationorparticularshavebeensuppressedoromittedtherefromorthatIdonotsatisfy theeligibility criteria accordingto theBank,my candidature/engagement/appointment is liable to be

cancelled / terminated without notice or compensation in lieuthereof. I have read and understood the stipulations given in the advertisement and herebyundertaketoabidebythem.

Place:_____

Date:_____

(Signature oftheapplicant)

INSTRUCTIONS

1. Allthedetailsinthis form must befilled by theapplicant.
2. Applications which donot contain thefull particulars called forareliabletobe rejected.
3. Self-Attestedcopiesofcertificatesregardingage,educationalqualifications, registration certificate,experience, etc. shouldaccompanytheapplication.
4. Ifthecandidateisworkingforany institution/hospital,thedetailsthereofandworkinghoursthereinshouldalsobe indicated.