

FORMAT OF APPLICATION FOR BANK'S MEDICAL CONSULTANT

Date: _____

TO,

The General Manager,
Ellaquai Dehati Bank,
Head Office, 3rd Floor,
Nirmaan Complex,
I.G Road, Barzulla,
Srinagar-190005



Dear Sir,

Reg: Application for Bank's Medical Consultant at Head Office, Ellaquai Dehati Bank.

I refer to advertisement published in your Bank web-site on.....and apply for the captioned post and hereunder is my Bio-data:

1	Full Name [Beginning with Surname]	Name Father Name
2	Date of Birth & Age	Age _____ Years
3	Educational Qualifications	
4	Registration Details with Medical Council of India or any other council recognized by GOI	
5	Experience	No of Year- Functional Area- Location-
6	Address of Clinic	
7	Residential Address	

8	Address for communication		
9	Contact Details	Clinic Land Line	
		Residence Land Line	
		Mobile No.	
		Email id	

I have read the details pertaining to period of contract, timings and place, fees, job-role, terms & conditions, etc, on Bank's website and understood the same. I hereby undertake to abide by the details given on website.

I hereby enclose duly attested copies of educational qualification certificate(s) experience certificate(s) etc, along with the application.

Yours Faithfully,

[_____]

Signature &
Name of Applicant

Date
Place

ENCLOSURE:

Please enclose copies of documents as per the following order and tick in the box.

Sl Number	Documents	Check
1	M.B.B.S Degree (For General Practitioner)	
2	M.D. Degree (For General Practitioner)	
3	Documentary proof regarding registration with Medical Council of India/ State Medical Council	
4	Valid DMC	
5	Identity proof	
6	Address proof (Pan Card & Aadhaar Card)	

Signature of the Candidate: