

APPLICATION FORM

(Annex-I)

**Engagement of Physiotherapist on contractual basis at Punjab & Sind Bank,
Zonal Office Gurdaspur**

Fix recent passport
Size photograph
Self-attested

1. Name in full: Shri/Smt./Kum. _____

(To be given 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: _____

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

5. Place of birth and domicile: _____

6. Nationality: _____



7. Educational Qualifications:

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

| Degree | University / Board | Year of Passing | Class / Rank |
|--------|--------------------|-----------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

8. Particulars of any other Courses in Physiotherapy field by the applicant:

| Course Name | Institute | Year of Completion |
|-------------|-----------|--------------------|
| | | |
| | | |

9. Details of Experience

(Experience after graduation should only be stated)

| Experience | From | To | Period | |
|---------------------------|------|----|--------|---------|
| | | | Year/s | Month/s |
| As a Physiotherapist (PT) | | | | |

10. Any other factors which the Applicant would like to bring into account for considering his/her Application



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 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, experience, etc. should accompany the application.
4. If the candidate is working as a Physiotherapist (PT) for any institution, the details thereof and working hours therein should also be indicated

