APPLICATION FORM (Annex-I)

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

Fix recent passport
Size photograph
Self-attested

	Sen attested
1. Name in full: Shri/Smt./Kum.	
(To be given in blo	ck 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:	<u> </u>
4. Date of Birth (DD/MM/YYYY):	<u> </u>
5. Place of birth and domicile:	
6. Nationality:	

Degree		Univers	sity / Board		ar of ssing	Class / Rank
Particulars of any othe	r Courses in F	Physiothera	py field by the app	olicant:		
Course Name		Institut			Year Comp	of oletion
·	tion should or	nly be stated	d)			
experience after graduat	tion should or	nly be stated	d) To			Period
Experience after graduat		nly be stated			Year/s	
Experience after graduat Experience As a		nly be stated				
Experience after graduat Experience As a		nly be stated		-		
Experience after graduat Experience As a		nly be stated		-		
. Details of Experience Experience after graduat Experience As a Physiotherapist (PT)		nly be stated		-		
Experience after graduat Experience As a		nly be stated				
Experience Experience As a Physiotherapist (PT)	From		То	nto accou	Year/s	6 Month
Experience after graduat Experience As a	From		То	nto accou	Year/s	6 Month

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





पंजाब एण्ड सिंध बैंक (भारत सरकार का उपक्रम)

प्र.का. मानव संसाधन विकास विभाग पांचवा तल, बैंक हॉउस,

21, राजेन्द्र प्लेस, नई दिल्ली- 110008

दूरभाष : 011-25716407 ई-मेल: ho.hrd@psb.co.in ੧ਓ ਸ੍ਰੀ ਵਾਹਿਗੁਰੂ ਜੀ ਕੀ ਫ਼ਤਹਿ



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