APPLICATIONFORM(Annex-I)

Engagement of Medical Consultanton contractual basis at Punjab & Sind Bank, Zonal Office Gurdaspur

Fix recent passportSizephotogr aphSelf-attested

1. Nameinfull: Shri/Smt./Kum	
(Tobegive	en inblockletter, Surnametobestated first)
2. Father/Husband'sName:	
3. (a)Address:	
Residence	Institute/ Firm where presently working
(b)PhoneNo.:	
MobileNo	
E-mailID:	
. Date of Birth(DD/MM/YYYY):	
i. Placeof birth anddomicile:	
S. Nationality:	



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1 .	Luu	Cutioni	aiwua	IIIIca	HUID.

(IndicateDegree obtained, in the order of highestto least)

Degree	University /Board	Yearof Passing	Class /Rank

8. DetailsofExperience

(Experience aftergraduationshould only be stated)

Experience	From	То	Pe	Period		
			Year/s	Month/s		

	orswhichtheApplic	antwouldliketob	ringintoaccount	forconsidering	ghis/her
Application					

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

ifanymaterialinformationorparticularshavebeensuppressedoromittedtherefromorthatIdon otsatisfy 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 do not contain the full particulars called for a reliable to be rejected.
- 3. Self-Attestedcopiesofcertificates regarding age, educational qualifications, registration certificate, experience, etc. should accompany the application.
- $4. If the candidate is working for any \\institution/hospital, the details there of and working hours there in should also be indicated$

