

APPLICATION FORM
(Annex-I)

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

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: _____

पंजाब एण्ड सिंध बैंक
(भारत सरकार का उपक्रम)
प्र.का. मानव संसाधन विकास विभाग
पाँचवा तल, बैंक हॉउस,
21, राजेन्द्र प्लेस, नई दिल्ली- 110008
दूरभाष : 011-25716407
ई-मेल: ho.hrd@psb.co.in

ੴ ਸ੍ਰੀ ਵਾਗਿਗੁਰੂ ਜੀ ਕੀ ਫ਼ਤਹਿ



Punjab & Sind Bank
(A Government Of India Undertaking)
H.O. Human Resources Development Deptt.
5th Floor, Bank House,
21, Rajendra Place, New Delhi- 110008
Phone: 011-25716407
E-mail: ho.hrd@psb.co.in

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)				

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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 do not 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.