## APPLICATION FORM (Annex-I)

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

	ım (To be given i	n block letter, Surna	ame to be stated fir	rst)
- 4 4				200
Father/Husband's Name:				
(a) Address:				
Residence		Institute / Firm where presently working		
/b\ Dhaara Na				
b) Phone No.: E-mail ID:		Mobile No.		
	(DD/MM/YYYY)	): 		
Place of birth and domicile				
-				
Place of birth and domicile				
Place of birth and domicile: Nationality:	ne order of highe		Year of Passing	Class / Rank
Place of birth and domicile:  Nationality:  Educational Qualifications: dicate Degree obtained, in the	ne order of highe	est to least)	Year of	
Place of birth and domicile:  Nationality:  Educational Qualifications: dicate Degree obtained, in the	ne order of highe	est to least)	Year of	
Place of birth and domicile:  Nationality:  Educational Qualifications: dicate Degree obtained, in the	ne order of highe	est to least)	Year of	
Place of birth and domicile:  Nationality:  Educational Qualifications: dicate Degree obtained, in the	ne order of highe	est to least)	Year of	Control of the Contro

	ourses in Physiotherapy field by the	applicant:
Course Name	Institute	Year of Completion

 Details of Experience (Experience after graduation should only be stated)

Experience	From	То	Pe	Period	
			Year/s	Month/s	
As a Physiotherapist (F	PT)				

 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 there from 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**

- All the details in this form must be filled by the applicant.
- Applications which do not contain the full particulars called for are liable to be rejected.
- Self-Attested copies of certificates regarding age, educational qualifications, experience, etc. should accompany the application.
- If the candidate is working as a Physiotherapist (PT) for any institution, the details thereof
  and working hours therein should also be indicated.

