

VERIFICATION FORM FOR APPOINTMENT OF AUTHORISED MEDICAL ATTENDANT IN THE AREAS NOT COVERED BY CGHS

Affix passport size photograph

Warning:

The furnishing of false information or suppression of any factual information in the verification form would be a disqualification for appointment as AMA. If the fact that the false information has been furnished or that there has been suppression of any factual information in the verification form comes to notice at any time during the period of appointment of AMA, his services would be liable to be terminated.

1	Name in full (Block letters) (The name should be same as in his qualification degree).	
2	Father / Husband's Name	
3	Date of Birth	
4	Nationality	
5	Medical Qualification i.e. MBBS/MD (Enclose photocopy of the certificate / mark sheets)	
6	MCI registration number and place of registration (Enclose photocopy of the certificate / mark sheets should be annexed)	
7	Name of Medical College and the University from where medical degree (Bachelor) obtained.	
8.	Name of Medical College and the University from where medical degree (Master, if any) obtained.	
9	Full Address of Clinic/Medical centre (i.e. Number, Lane/Street! Road Village, Thana, Post Office, District etc.)	
10	Present Residential Address in full	
11	Permanent Residential Address in full (including the name of Thana)	
12	Mobile No.	
13	Email Id.	
14	Work experience, if any in Government Hospital.	
15	Work experience, total (in brief)	
16	Have you ever been arrested, prosecuted, or fined by a Court of Law. If yes, give full details.	Yes / No
17	Registration / Renewal Charges for the year Rs.1000/- (To deposit in favour of Central Govt. Employee Welfare Co-ordination Committee, State Bank of India, A/c No. 10330896947 IFS Code: SBIN0000731)	Transaction Id / Cheque / Receipt No : _____ Date : _____

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I also undertake that I have not been ever involved in any corrupt practice(s) and no case has been lodged against me at any local Police Station / CBI / CVC / any Court, etc.

Date:

Place:

Signature with Stamp

**WILLINGNESS TO BE GIVEN BY THE DOCTOR ON HIS / HER
LETTERHEAD.**

To,

The Secretary
CGEWCC, C/o Central Tool Room
A-5, Phase – V, Focal Point,
Ludhiana - 141010

Subject:- Willingness to be empanelled as AMA.

Sir / Madam,

I, hereby convey my willingness to be empanelled as AMA for the benefit of the Central Govt. Employees and their family members.

(Signature)

Name.....

Seal

NOTE: Registration / Renewal Charges for the year i.e. Rs.1000/-. To deposit in favour of Central Govt. Employees Welfare Co-ordination Committee, State Bank of India, A/c No. 10330896947, IFS Code: SBIN0000731.

DECLARATION

I, Dr. _____ S/o, D/o, W/o Shri _____ resident of _____, do hereby solemnly affirm and declare as under:-

1. That I am registered with the State Medical council of this State of MCI under the Medical Council Act / Indian Medicine Central Council Act and that my Registration No. is _____.(A copy of registration certificated is enclosed)

2. That I have gone through rules and regulations and agree to abide by the conditions laid down therein. I also agree to abide by the conditions orders issued in this connection from time to time.

3. That I shall charge consultation and injection fee at the prescribed rates as may be modified from time to time.

4. That I have noted that my nomination as Authorised Medical Attendant does not confer any right to be confirmed as an Authorised Medical Attendant and that my nomination could be terminated at anytime by the nominating authority without assigning any reasons or giving any notice.

5. There is no legal case pending with me.

Place : Ludhiana

Signature of Doctor
With Stamp

Dated : _____

