

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

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.

Affix your
passport
size
photograph
here

1.	Name in full (Block letters) (The name should be same as in his	
2.	Mobile No.	
3.	E-mail ID (IN BLOCK LETTERS)	
2.	Father/Husband's Name	
4.	Date of Birth	
5.	Nationality	
6.	Medical Qualification i.e. MBBS/MD (Photocopy of the certificate/mark-sheets	
7.	MCI registration number and place of registration (enclose Photocopy of the	
8.	Name of Medical College and the University from where medical degree	
9.	Name of Medical College and the University from where medical degree (Master, if any) obtained.	
10.	Full Address of Clinic/Medical centre (i.e. Number, Lane/Street! Road Village, Thana, Post Office, District etc.)	
11.	Present Residential Address in full	
12.	Permanent Residential Address in full (including the name of Thana)	
13.	Work experience, if any in Government Hospital.	
14.	Work experience, total (in brief).	
15.	Have you ever been arrested, prosecuted, or fined by a Court of Law. If yes, give full details.	Yes/No.

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:.....
with Stamp

Signature

Place:

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

To,

The Secretary
CGEWCC, c/o
National Skill Training Institute,
Gill Road, Ludhiana

Subject:- Willingness to be empanelled as AMA for the year _____

Sir / Madam,

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

My verification form & Declaration is enclosed herewith.

(Signature)

Name.....

Seal

NOTE: **(1) REGISTRATION CHARGES FOR FRESH EMPANLMENT ARE RS.1000/-**

(2) REGISTRATION CHARGES FOR RENEWAL OF EMPANLMENT ARE RS.750/-

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

Dated : _____

Signature of Doctor

With Stamp