

Application format for empanelment as Medical Super Specialist/Specialist/Dental Specialist

(To be submitted in official letter head of the clinic)

1. Name of doctor _____ :
2. Qualification _____ :
3. Month and year of acquiring the requisite qualification:
4. Permanent registration no. (MCI/DCI/State Council):
5. Experience:
6. Details of attachment with hospital(s) (Name and address of hospital):
7. Contact numbers: Landline: _____ Mobile: _____
8. Address(es) of Clinic(s) with telephone no.:
9. Timings of Clinic(s):
10. Additional information if any:

Date:

Signature of Doctor