दिल्ली विश्वविद्यालय
University of Delhi
Chhatra Marg, Delhi-110007. Telephone: (011) 27666257

EMPANALMENT OF DOCTORS WITH UNIVERSITY OF DELHI AS AUTHORIZED MEDICAL ATTENDANTS (AMAs)

Essential requirements:

1. **MBBS/MD/MS/DNB/BDS/MDS/BPT/MPT**
2. **Minimum Experience required: 2 years**

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WUS Health Centre

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PROFORMA TO BE FILLED BY DOCTORS RESIDING IN DELHI/NCR FOR EMPANELMENT WITH UNIVERSITY OF DELHI AS AUTHORIZED MEDICAL ATTENDANT (AMA)

(You are requested to complete all the columns of this proforma to help in maintaining proper records)

To

The Registrar
University of Delhi,
Delhi-110007.

1. **Name of the intending Doctor:..... (In Capital Letters)**
2. **Cell Number of the Doctor**:.....
3. **Age**:.....
4. **Gender**:.....
5. **PAN Number**:.....
6. **Address (Residence)**:.....

   .....
7. **Address (Clinic)**:.....

   .....
8. **Clinic Days & Timings** :.....
9. **Details of Educational Qualifications: MD/MS/DNB/MBBS/ MDS/BDS/MPT/BPT (copies enclosed):.....**

   .....
10. **Year of Graduation:.....Post Graduation (Kindly, Specify) :.....**
11. **Specialization, if any (Kindly, Specify)**:.....

12. **Total Experience: Government/Semi Government/Private (duration in years)**:.....

13. **Whether ready to provide Consultation at CGHS rates ?: Yes/No**

14. **Average daily patient footfall (during last six months)**:.....

15. **Whether the Doctor is attached to any Hospital** ?:.....

16. **Whether empanelled with any Govt. Organization ?: Yes/No**.....
    If yes, attach the list:

17. **If empanelled with any Govt. organization, mention the name of the Organization & date of the empanelment**: .....
    (**Use separate sheet if space is not sufficient)**

18. **Delhi Medical Council/Delhi Dental Council/Delhi Council of Physiotherapy and Occupational Therapy Registration No and Validity:**

    .....

19. **Premises of the Clinic: rented/owned by self**
    (Attach proof of premises of the clinic)

20. **Have you ever been convicted : Yes/No**

Signature of the Doctor

Place.....

Date.....