

APPLICATION FORMATE

Application for empanelment as Medical Consultant to Railway Hospital for providing professional services on case to case basis to CMO DLW hospital, Varanasi.

For Consultation/ Surgical Procedure /to Administer Anesthesia.

1. Name (In block letters) _____
2. Father's / Husband's Name _____
3. Postal Address _____

4. Date of Birth _____
5. Specialty _____
6. Educational / Professional Qualification

Examination	Year of Passing	Medical College / University

7. Registration No. of Medical Council and state of concerned Specialty. _____
8. Experience detail _____
9. Employed / Private _____
10. If employed, name of organization _____
11. If Private, whether attached to any corporate Hospital _____
12. Mobile No. _____
13. Email Address _____

Enclosures: (Self Attested)

1. Two Recent passport size photographs.
2. Certificate indicating Date of Birth. (Matriculation Certificate/10th passing Certificate)
3. Qualification (MBBS degree and degree certificate of Higher Medical Qualification).
4. MBBS degree and degree certificate of Higher Medical Qualification.
5. Registration Certificate.
6. Certificate of Experience.

Declaration

I, Dr. _____ having been complying with the eligibility criteria mentioned above in the scheme, do herewith apply the scheme consultant to provide professional services to DLW, Railway hospital, I also declare that all the above statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the particulars or miss statement or discrepancy in the particulars being detected at any stage before or after my empanelment my contract is liable to be terminated forthwith independent of any civil or criminal action.

Signature of Applicant

Place: _____

Date: _____