



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 Doctor intending empanelment :.....
(In Capital Letters)**
2. **Mobile 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: MBBS/MD/MS/DNB/BDS/MDS/
BPT/MPT (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.....