

APPLICATION FORMAT FOR HONORARY DOCTOR

Application for the Specialty

AFFIX PASSPORT SIZE
PHOTO DULY SIGNED

1. PERSONAL DETAILS:

Name in Full	
Date of Birth	
Residential Address	
Contact Nos	
E-Mail I/D	

2. QUALIFICATIONS DETAILS:

Sl. No.	Qualifications	Branch	University/ Board	Year of Passing

3. REGISTRATION:

No. and Date	
State and the Medical Council where Regn. Is done	

4. RESEARCH PAPERS, IF ANY, SUBMITTED:

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5. ARTICLES, IF ANY, PUBLISHED:

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6. EXPERIENCE DETAILS:

Sr. No.	Name of the Organization / Hospital	Designation	From	To	Employer: Whether Private/ Govt./PSU	Total Emoluments
TOTAL EXPERIENCE (EXCLUDING INTERNSHIP)					<u>YEARS</u>	<u>MONTHS</u>

I state that all the information given above is true and correct. In case any of the details given above turn out to be false, I will make myself liable to lose the candidature.

Place:

Date:

Signature of the Candidate

APPLICATION FORMAT FOR PANEL DOCTOR

LOCATION: FOR THAL/ NAVGAON AREA

AFFIX PASSPORT SIZE
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1. PERSONAL DETAILS:

Name in Full	
Date of Birth	
Residential Address	
Contact Nos	
E-Mail I/D	

2. QUALIFICATIONS DETAILS:

Sl. No.	Qualifications	Branch	University/ Board	Year of Passing

3. REGISTRATION:

No. and Date	
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4. EXPERIENCE DETAILS:

Sr. No.	Name of the Organization / Hospital	Designation	From	To	Employer: Whether Private/ Govt./PSU	Total Emoluments
TOTAL EXPERIENCE (EXCLUDING INTERNSHIP)					<u>YEARS</u>	<u>MONTHS</u>

5. DETAILS OF CLINIC/ DISPENSARY

Address of Clinic /Dispensary	
Telephone No.	
Timings of Clinic / Dispensary	
Facilities /Available along with list of Special Medical Equipment, If any	
Average No. of patient Daily Attended	
Detail of empanelment by the organization, if any	
Rates of ODP services	

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Place:

Date:

Signature of the Candidate