



वेस्टर्न कोलफील्ड्स लिमिटेड

Western Coalfields Limited

(मिनीरल कंपनी) (A Miniratna Company)

(कोल इंडिया लि. की अनुबंधी कंपनी)

(A Subsidiary of Coal India Limited)



प्रमुख (चिकित्सा सेवार्थे) का कार्यालय  
email- cmswcl@westerncoal.gov.in  
CIN – U10100MH1975GOI018626

Office of Chief of Medical Services  
☎/ FAX: 0712 –2511982/2510720  
Website: www.westerncoal.nic.in

पंजी. का. : कोयला विहार, सिविल लाइन्स, नागपुर (महाराष्ट्र)-440001 / Regd. Off. : Coal Estate, Civil Lines, Nagpur(MS) – 440001

सदर संचाल/ CMS/WCL/NGP/

दिनांक :

(ANNEXURE “C”)

**APPLICATION FOR EMPANELMENT OF CHEMISTS**

1. NAME OF THE CHEMIST SHOP: \_\_\_\_\_  
: \_\_\_\_\_
2. NAME OF THE CHEMIST SHOP OWNER(S)/ PROPRIETOR  
: \_\_\_\_\_  
: \_\_\_\_\_
3. ADDRESS OF THE SHOP : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
4. RESIDENTIAL ADDRESS OF SHOP OWNER(S)/PROPRIETOR: \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
5. CERTIFICATE OF COMPTENCY/PHARMACIST REGISTRATION  
CERTIFICATE (ENCLOSE SELF ATTESTED COPY) :YES/ NO
6. DETAILS OF OTHER PSU'S & ORGANISATION EMPANELED IF ANY  
(ENCLOSE SELF ATTESTED ORDER COPY)  
YES/NO
7. AGREED FOR DISCOUNT OFFERED OF MINIMUM 10% ON MRP:  
YES/NO
8. VALID DRUG LICENCE : YES/  
NO (ENCLOSE SELF ATTESTED COPY)
9. STATE PAN NUMBER : YES/ NO  
(ENCLOSE SELF ATTESTED COPY)
10. ADHAR CARD NUMBER OF OWNER/PROPRIETOR :YES/NO  
(ENCLOSE SELF ATTESTED COPY)
11. DO YOU CONFIRM PROVIDING COMPUTRISED BILLING/PRINTED  
RECEIPTS WITH SERIAL NO BEARING NAME OF PATIENT AND  
EMPLOYEE CODE(NEIS/EIS NUMBER AS MENTIONED IN PHOTO  
MEDICAL CARD) :YES/NO

12. WHETHER SELF ATTESTED COPIES OF IT RETURN OF PRECEEDING  
03 Assessment YEARS ENCLOSED (2019-20, 2020-21 & 2021-22)  
:YES/NO
13. STATE G.S.T.REGISTRATION NUMBER:-  
(ENCLOSE SELF ATTESTED COPY)
14. CONFIRM MENTIONING G.S.T. VALUE/AMOUNT SEPARATELY ON  
BILL : YES/NO
15. WHETHER HOLDING VALID NMC REGISTRATION CERTIFICATE  
(ENCLOSE SELF ATTESTED COPY) : YES/NO
16. DO YOU HOLD MPCB N.O.C./ENVIRONMENTAL CLEARANCE IF  
APPLICABLE  
(ENCLOSE SELF ATTESTED COPY( IF APPLICABLE) :YES/NO
17. TIMING OF THE SHOP MINIMUM OPENING 12 HOURS :YES/NO  
(Pl specify timing if 12 Hrs)
18. I HAVE READ,UNDERSTOOD AND AGREE TO ABIDE BY ALL  
GENERAL AND SPECIFIC CRITERIA FOR EMPANELMENT/DE-  
EMPANELMENT  
:YES/NO

(PLEASE ENCLOSE SELF ATTESTED PHOTOCOPIES OF ALL RELEVANT  
DOCUMENTS RELATED TO GENERAL AND SPECIFIC CRITERIA AS  
MENTIONED IN ANNEXURE SERIALLY)

NO.OF DOCUMENTS ENCLOSED:

**(SIGNATURE OF THE APPLICANT)**

**PLACE:**

**DATE:**

**NAME OF THE APPLICANT**

**Mobile No:**

**email :**