



वेस्टर्न कोलफील्ड्स लिमिटेड  
Western Coalfields Limited  
(निजीकृत कंपनी) (A Miniratna Company)  
(कोयला विभाग लि. की बगुमणी कंपनी)  
(A Subsidiary of Coal India Limited)



प्रमुख (चिकित्सा सेवाएँ) 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

सदरने संख्या/ CMS/WCL/NGP/

दिनांक :

(ANNEXURE "B")

**APPLICATION FOR EMPANELMENT OF DENTISTS**

1. NAME OF THE DENTIST : \_\_\_\_\_  
: \_\_\_\_\_
2. ADDRESS OF CLINIC : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
3. RESIDENTIAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
4. M.C.I.REGISTRATION NO. WITH NAME OF STATE MEDICAL COUNCIL  
: \_\_\_\_\_  
(ENCLOSE SELF ATTESTED COPY)
5. IF SPECIALIST STATE WHETHER POSSESS RECOGNISED POST  
GRADUATE DEGREE : YES/ NO
6. SPECIFY THE RECOGNISED POST GRADUATE DEGREE POSSESSED:  
(ENCLOSE SELF ATTESTED COPY)
7. SPECIFY WHETHER HAVING OWN CONSULTATION CHAMBER:  
YES/ NO
8. DO YOU HOLD POST P.G.EXPERIENCE OF 07 YEARS OR MORE IN  
PRIVATE PRACTICE/ GOVERNMENT HOSPITAL/MEDICAL COLLEGE  
: YES/ NO
9. STATE WHETHER IN GOVERNMENT SERVICE AT PRESENT: YES/ NO
10. ADHAR CARD NUMBER OF OWNER  
: YES/NO  
(ENCLOSE SELF ATTESTED COPY)
11. DO YOU CONFIRM PROVIDING COMPUTRISED BILLING/PRINTED  
RECEIPTS HAVING SERIAL NO.BEARING NAME OF PATIENT AND  
EMPLOYEE CODE  
: YES/NO
- 12.. STATE PAN NO.(ENCLOSE SELF ATTESTED COPY) :
13. STATE G.S.T.REGISTRATION NUMBER IF APPLICABLE (ENCLOSE  
SELF ATTESTED COPY)

14. CONFIRM MENTIONING G.S.T. VALUE/AMOUNT SEPARATELY ON BILL IF APPLICABLE : YES/NO

15. WHETHER SELF ATTESTED COPIES OF IT RETURN OF PRECEEDING 03 Assessment YEARS ENCLOSED (2019-20, 2020-21 & 2021-22) :YES/NO

16. WHETHER HOLDING VALID NMC REGISTRATION CERTIFICATE :YES/NO  
(ENCLOSE SELF ATTESTED COPY)

17. DO YOU HOLD MPCB N.O.C./ENVIRONMENTAL CLEARANCE IF APPLI CABLE :YES/NO  
(ENCLOSE SELF ATTESTED COPY IF APPLICABLE)

18. I HAVE READ,UNDERSTOOD AND AGREE TO ABIDE BY GENERAL AS WELL AS SPECIFIC CRITERIA FOR EMPANELMENT/DEEMPANELMENT :YES/NO

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

NO.OF DOCUMENTS ENCLOSED:

**(SIGNATURE OF THE APPLICANT)**

**PLACE:**

**NAME OF THE APPLICANT**

**Mobile No:**

**DATE:**

**e-mail:**