



वेस्टर्न कोलफील्ड्स लिमिटेड

Western Coalfields Limited

(निरीररु कंरुनी) (A Mhnratrna Company)

(कोल इंडिया लि. की अनुसंधानी कंरुनी)

(A Subsidiary of Coal India Limited)

प्रमुख (विक्रित्ता सेवार्ये) 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

संरुर्ष संख्या/ CMS/WCL/NGP/

दिनांक

(ANNEXURE "A")

APPLICATION FOR EMPANELMENT OF SPECIALISTS

1. NAME OF THE SPECIALIST & SPECIALITY APPLIED FOR :

: _____

: _____

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 HAVE 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 APPLICABLE :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 SERIALLY)

NO.OF DOCUMENTS ENCLOSED:

(SIGNATURE OF THE APPLICANT)

PLACE:

NAME OF THE APPLICANT

Mobile No:

DATE:

e-mail: