

APPLICATION FORM FOR EMPANELMENT WITH IPR
(For Authorized Medical Officer – MBBS, BAMS, BHMS etc.)

1.	Name of the Doctor			
2.	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	
3.	Date of birth & Age	(dd/mm/yy)		Age : ____ Years
4.	Residence Address			Paste your Passport size Photograph here
	Address for correspondence (if different than residence address)			
5.	Telephone No. (Landline if applicable)	_____ Cell No(s). _____		
	Email ID			

Educational qualification (Please attach separate sheet wherever required)

Sr. No.	Qualification	Period		Name of University	MCI Regn. No. & Date
		From	To		
1.					
2.					
3.					
4.					

Experience/Medical practice (Please attach details of experience/practice separately)

Name of the Clinic/Nursing Home (if any) : _____

Location address of the Clinic: _____

Clinic/Nursing Home Timings: _____

Total experience of practice: _____ Years

I agree to abide the Schedule of Rates (SoR) and Rules & Regulations of IPR including extending credit facility to the beneficiaries.

Signature with date & Seal: