

**APPLICATION FORMAT FOR PANEL DOCTORS**

**LOCATION:** (Specify from Vashi, Koparkhairane, Nerul, Kalwa, Panvel, Bhandup, Dombivli, Kharghar, Thane & Sanpada Localities)

**VASHI, KOPARKHAIRANE, NERUL, KALWA, PANVEL, BHANDUP, DOMBIVLI, KHARGHAR, THANE & SANPADA**

**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:**

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

**3. REGISTRATION:**

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

**4. EXPERIENCE DETAILS:**

Sr. No	Name of the Organization / Hospital	Designation	From	To	Employer Whether Private/ Gov./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's, if any.	
Average No of Patients daily attended.	
Details of Empanelment by the Organization, if any.	
Rates for OPD Services.	

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in event of any information being found untrue or incorrect at any stage or I am not satisfying any of the eligibility criteria stipulated, and also in case of creating influence / undue pressure regarding recruitment shall tantamount to cancellation of my candidature.

*Place:*

*Date:*

*Signature of the Candidate*