## **APPLICATION FORMAT FOR HONORARY DOCTOR**

Appli	ication for the Specialty		AFFIX PASSPORT SIZE PHOTO DULY SIGNED	
1. <u>P</u>	ERSONAL DETAILS:			
Name	in Full			
Date	of Birth			
Reside Addre				
E-Ma	il I/D			
	QUALIFICATIONS DETA			
Sl. No.	Qualifications	Branch	University/ Board	Year of Passing
3. <u>F</u>	REGISTRATION:			
No. a	and Date			
	and the Medical Council e Regn. Is done			

5.	ARTICLES, IF ANY, PUI	BLISHED:				
<b>6.</b>	EXPERIENCE DETAILS:	:				
Sr. No	Name of the Organization / Hospital	Designation	From	То	Employer:Wh ether Private/ Govt./PSU	Total Emolument
	TAL EXPERIENCE CLUDING INTERNSHIP)				YEARS	MONTH
	ate that all the information above turn out to be fals					
Plac	ce:					
Dat	e:			Signat	ure of the Candi	idate

## **APPLICATION FORMAT FOR PANEL DOCTOR**

LOACATION: FOR THAL/ NAVGAON AREA

L	LOACATION: FOR THAL/ NAVGAON AREA  AFFIX PASSPORT SIZE PHOTO DULY SIGNED					
1. <u>P</u>	ERSONAL DETAILS:					
Name	in Full					
Date	of Birth					
Reside Addre						
Conta	act Nos					
E-Ma	il I/D					
2. <u>C</u>	QUALIFICATIONS DETA	ILS:				
Sl. No.	Qualifications	Branch	University	/ Board	Year of Passing	
3. <u>F</u>	REGISTRATION:					
No. a	and Date					
	and the Medical Council e Regn. Is done					

4	FYPFR	IFNCF	DETA	

Sr. No	Name of the Organization / Hospital	Designation	From	То	Employer:Wh ether Private/ Govt./PSU	Total Emoluments
•						
TOTAL EXPERIENCE (EXCLUDING INTERNSHIP)					YEARS	<u>MONTHS</u>

## 5. DETAILS OF CLINIC/ DISPENSARY

Place:

Address of Clinic /Dispensary	
Telephone No.	
Timings of Clinic / Dispensary	
Facilities /Available along with list of Special Medical Equipment, If any	
Average No. of patient Daily Attended	
Detail of empanelment by the organization, if any	
Rates of ODP services	

I state that all the information given above is true and correct. In case any of the details given above turn out to be false, I will make myself liable to lose the candidature.

Date:	Signature of the Candidate