



वेस्टर्न कोलफील्ड्स लिमिटेड
Western Coalfields Limited
(मिनीरत्र कंपनी) (A Miniratna Company)
(कोल इंडिया लि. की अनुषंगी कंपनी)
(A Subsidiary of Coal India Limited)



प्रमुख (चिकित्सा सेवार्य) का कार्यालय

Office of Chief of Medical Services

email- cmswcl@westerncoal.gov.in

☎/ FAX: 0712 -2511982/2510720

CIN – U10100MH1975GOI018626

Website: www.westerncoal.nic.in

पंजी. का. : कोयला विहार, सिविल लाइन्स, नागपुर (महाराष्ट्र)-440001 / Regd. Off. : Coal Estate, Civil Lines, Nagpur(MS) – 440001

संदर्भ संख्या/Ref.No.:NGP-WCL-CMS-Empanl-

दिनांक/Date : 23.08.2017

“The Applications are invited from the Diagnostic Centers, Chemists Shops & Specialist Doctors in the prescribed application proforma enclosed as Annexure “A” to “D” which can be downloaded from the WCL/Government web sites.

This HQ Medical Scheme is only applicable for the employees of WCL (HQ), Rescue Station & Nagpur Area (HQ G.M.Office)

A) GENERAL CRITERIA:(should be complied by empanelled Doctors, Chemists and Diagnostic Centres).

(The broad based criteria for such a centre are as given below. Criteria are indicative in nature and not exhaustive) :-

1. Computerized billing/ printed Receipts bearing name of the patient and Employee code number (EIS/NEIS No. mentioned in Photo Medical Card)
2. Should have PAN No.
3. Should have GST Registration No. (If applicable)
4. GST value/amount should be mentioned specifically and separately on bill wherever applicable.
5. I.T.Return of last three years
6. Valid NMC Registration with registration certificate.
7. MPCB No objection Certificate/Environment clearance where ever applicable
8. WCL management reserves the right of cancellation of any application without assigning any reason.

The Specialist empanelled will be paid consultation/ day care procedures charges by the employee concerned as per the CGHS approved rates applicable from time to time or actual, whichever is less **to be reimbursed to the employee.**

(2)

Full credit facility to existing employees and their eligible dependent family members is to be provided, **applicable to chemist shops only** on production of prescription duly issued by the WCL Hqrs./Hqrs Dispensary Doctor/Authorised Doctor as per the existing practice. Further the **bills should be submitted to office of the incharge of WCL Hqrs Dispensary every month (Monthly Basis) in hard and soft copies online.**

For the day care dental procedure and other OPD procedure/investigation, the rates for such a procedure will be as per the CGHS rates applicable from time to time

The empanelment will be for five years from the date of approval subject to initial inspection report and performance will be reviewed by the Committee initially then after one year, there after every two years. Further extension may be granted with satisfactory performance and recommendation of the committee.

All empanelled Doctors are required to give an undertaking that :-

- (a) They shall not be charging consultation fees / Day care procedures more than the approved rates as offered by CGHS.
- (b) They will issue proper printed and numbered receipt, against consultation fee/day care procedures.
- (c) In the event of any excess bill for the services availed by the entitled employees or their eligible family members, if detected, the concerned doctors/specialists shall refund the excess amount thus charged at once on bringing the same to their notice. Repeated excess billing shall make them liable for de-empanelment.

B) SPECIFIC CRITERIA FOR DIFFERENT CATEGORY

The diagnostic centre means any Pathology & Microbiology Centre, Radiology Investigation centre related to X-ray's, Ultrasonography, Doppler Study, CT Scan, MRI, etc. individually or under one roof.

The special investigation centre like EEG, NCV, EMG, Mamography, etc.

1. Pathology & Microbiology Centre :

The Centre should have the qualified doctors in respective field i.e. MD (Path), MD (Microbiology). The centre should be equipped with the recent gadgets/machines updated to conduct the blood biochemistry, microbiology, sputum, stool, urine etc. examination/investigation on referral.

They should also have the facilities of conducting the special investigations like Hormonal Assay by the modern techniques and also the immunological test whenever referred.

Routine microbiological investigation like culture and sensitivity, preferably the special investigation like PCR facility may be available.

(3)

2 .Radiological Centre :

The centre should have qualified Radiologists in respective field i.e. MD (Radio Diagnosis), DNB (Radio Diagnosis). The centre should have the modern state of art, gadgets/machines to conduct the routine X-ray,/Digital X-Ray/ USG, Colour Doppler study, Barium Study, IVP, etc. The centre may be equipped with the facility of CT Scan, MRI and Interventional Scans. The centre having the special investigation facility like EEG, EMG, NCV, ECG, Mammography, nuclear medicine investigation performed on state of art machines and conducted and reported by the concerned specialist in such a field, will also be empanelled. The facility may be available individually or under one roof.

The diagnostic centre should have the facility of computerised billing and reporting.

The diagnostic centre should be within the limit of Nagpur Municipal Corporation. Any additional facility available may be mentioned.

Should possess the proper Registration Certificate of competent authority.

They should have their own power back-up system.

Charges/Tariff : As per the CGHS rates applicable from time to time.

3. SPECIALISTS

1. Specialist must possess recognised post graduate degree, like MD/MS/MDS
2. Should have own consultation chamber;
3. Should have **post PG experience of seven years or more** in private practice/Government hospital/Medical college;
4. Should not be in Government service at present.
5. Valid MCI registration from Medical Council as per M.C.I rule.
(Should poses Reciprocal Registration of Maharashtra Medical Council if originally not registered with Maharashtra Medical Council)

4. Proposed criteria for Chemists :

The chemists shops may be empanelled under HQMS only and the facility can be availed by the employees covered under the HQMS only. While empanelling the chemists shops, the following criteria will be considered :-

- Location within NMC limit.
- Year of establishment (Must be established on or before 2014)
- Details of other PSUs and Organisations empanelled;
- Discount offered minimum 10% on MRP;
- Valid drug license;
- Certificate of competency (Pharmacy)/Pharmacist Registration Certificate.
- Timings of the shop should remain open for minimum 12 hours every day
- Any other information relevant thereof (viz. Any closing day etc.).

Period of empanelment :

The empanelment may be for a period of five years from the date of empanelment and performance will be reviewed by the Committee initially then after one year and every two years. Further extension may be granted subject to satisfactory performance and recommendation of the committee.

(4)

5. Criteria for De-empanelment :

De-empanelment of the Consultant/specialists/chemist shops/ diagnostic centres, could be made due to following reasons:

- (a) Rendering resignation/written unwillingness to continue in the panel.
- (b) In the opinion of Competent Authority, the number of visits of patients to a Doctor/Specialists/Laboratory/Diagnostic Centres and Chemists are considered as inadequate/ meagre
- (c) Due to malpractice/misconduct or rendering unsatisfactory services by the service provider.
- (d) Change of ownership location of business place or the practice place, as the case may be, without prior approval of competent authority.
- (e) In all other cases, not specifically mentioned above, the committee during its review, submit its recommendation for de-empanelment/ continuation of empanelment to the Competent Authority as the case may be giving justification for such action.
- (f) In the event of death of the owner/licence holder of Chemists shop/Diagnostic Centre.
- (g) In the event of any legal conviction by any State/Central Govt. Authority/Court against the Diagnostic Centre/Chemist shops/Doctors.
- (h) WCL management reserves the right to de-empanel specialist/chemist shops/diagnostic centres without assigning any reason whatsoever.
- (l) In case during the period of empanellment any specialist Doctor joins **government service the empanellment shall stand canceled**

PROCEDURE FOR APPLICATION.:

Application,duly filled up are to be submitted in the office of the Chief Of Medical Services I/C, Western Coalfields Limited, 1st Floor,Coal Estate, Civil Lines, Nagpur-440001 in an sealed envelop superscribed as "APPLICATION FOR EMPANELMENT OF"(mention the category). The envelop should not contain more than one application.

The applications should reach to the office of the CMSI/C on or before 11.00 AM Date: 18th September 2017 after which no application/offer will be entertained. The offers will be opened on the same day at 3.00 PM in presence of the applicants or their authorized agent

Encl: As Above

Yours faithfully.

Chief of Medical Service I/c.



वेस्टर्न कोलफील्ड्स लिमिटेड
Western Coalfields Limited
 (मिनिरातन कंपनी) (A Miniratna Company)
 (कोल इंडिया लि. की अनुषंगी कंपनी)
 (A Subsidiary of Coal India Limited)



प्रमुख (चिकित्सा सेवाएँ) का कार्यालय
 2511982/2510720 CIN - U10100MH1975GOI018626

Office of Chief of Medical Services email- cmswcl@westerncoal.gov.in ☎/ FAX: 0712 -

Website: www.westerncoal.nic.in

(ANNEXURE "A")

APPLICATION FOR EMPANELMENT OF SPECIALISTS

1. **NAME OF THE SPECIALIST** : _____
 : _____
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 (2014-15, 2015-16 & 2016-17)**
 : 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*
(ENCLOSE SELF ATTESTED COPY IF APPLICABLE) :YES/NO
18. *I HAVE READ,UNDERSTOOD AND AGREE TO ABIDE BY GENERAL AS WELL AS SPECIFIC CRITERIA FOR EMPANELMENT/DEEMPANELMENT*
:YES/NO

(PLEASE ENCLOSE PHOTOCOPIES OF ALL THE RELEVANT DOCUMENTS RELATED TO GENERAL AND SPECIFIC CRITERIA DULY SELF ATTESTED)

NO.OF DOCUMENTS ENCLOSED:

(SIGNATURE OF THE APPLICANT)

PLACE:

NAME OF THE APPLICANT
Mobile No:

DATE:

e-mail:



वेस्टर्न कोलफील्ड्स लिमिटेड
Western Coalfields Limited
 (मिनिरातन कंपनी) (A Miniratna Company)
 (कोल इंडिया लि. की अनुषंगी कंपनी)
(A Subsidiary of Coal India Limited)



प्रमुख (चिकित्सा सेवाएँ) का कार्यालय
 2511982/2510720 CIN - U10100MH1975GOI018626

Office of Chief of Medical Services email- cmswcl@westerncoal.gov.in ☎/ FAX: 0712 -

Website: www.westerncoal.nic.in

(ANNEXURE "B")

APPLICATION FOR EMPANELMENT OF SUPER SPECIALISTS

1. **NAME OF THE SUPER SPECIALIST:** _____
 : _____
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 SUPER SPECIALIST STATE WHETHER POSSESS MINIMUM SUPER SPECIALITY QUALIFICATION :** YES/ NO
6. **SPECIFY THE SUPER SPECIALITY QUALIFICATION POSSESSED:**
(ENCLOSE SELF ATTESTED COPY)
7. **SPECIFY WHETHER HAVING OWN CONSULTATION CHAMBER:**
 YES/ NO
8. **DO YOU HAVE POST SUPER SPECIALITY EXPERIENCE OF 03 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** : 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)** : YES/NO
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 ENCLOSE (2014-15, 2015-16 & 2016-17)*
:YES/NO
16. *WHETHER HOLDING VALID NMC REGISTRATION CERTIFICATE*
(ENCLOSE SELF ATTESTED COPY)
:YES/NO
17. *DO YOU HOLD MPCB N.O.C./ENVIRONMENTAL CLEARANCE IF APPLICABLE*
(ENCLOSE SELF ATTESTED COPY IF APPLICABLE) :YES/NO
18. *I HAVE READ,UNDERSTOOD AND AGREE TO ABIDE BY GENERAL ASWELL AS SPECIFIC CRITERIA FOR EMPANELMENT/DE-EMPANELMENT*
:YES/NO

(PLEASE ENCLOSE PHOTOCOPIES OF ALL THE RELEVANT DOCUMENTS RELATED TO GENERAL AND SPECIFIC CRITERIA DULY SELF ATTESTED)

NO.OF DOCUMENTS ENCLOSED:

(SIGNATURE OF THE APPLICANT)

PLACE:

NAME OF THE APPLICANT
Mobile No:

DATE:

e-mail:



वेस्टर्न कोलफील्ड्स लिमिटेड
Western Coalfields Limited
 (मिनिरातन कंपनी) (A Miniratna Company)
 (कोल इंडिया लि. की अनुषंगी कंपनी)
(A Subsidiary of Coal India Limited)



प्रमुख (चिकित्सा सेवाएँ) का कार्यालय
 2511982/2510720 CIN - U10100MH1975GOI018626

Office of Chief of Medical Services email- cmswcl@westerncoal.gov.in FAX: 0712 -

Website: www.westerncoal.nic.in

(ANNEXURE "B")

APPLICATION FOR EMPANELMENT OF CHEMISTS

1. **NAME OF THE CHEMIST SHOP:** _____

2. **NAME OF THE CHEMIST SHOP OWNER(S)/ PROPRIETOR**

3. **ADDRESS OF THE SHOP** : _____

4. **RESIDENTIAL ADDRESS OF SHOP OWNER(S)/PROPRIETOR:** _____

5. **CERTIFICATE OF COMPTENCY/PHARMACIST REGISTRATION
 CERTIFICATE (ENCLOSE SELF ATTESTED COPY) : YES/ NO**
6. **DETAILS OF OTHER PSU'S & ORGANISATION EMPANELED IF ANY
 (ENCLOSE SELF ATTESTED ORDER COPY) YES/NO**
7. **AGREED FOR DISCOUNT OFFERED OF MINIMUM 10% ON MRP:
 YES/NO**
8. **VALID DRUG LICENCE : YES/ NO
 (ENCLOSE SELF ATTESTED COPY)**
9. **STATE PAN NUMBER : YES/ NO
 (ENCLOSE SELF ATTESTED COPY)**
10. **ADHAR CARD NUMBER OF OWNER/PROPRIETOR : YES/NO
 (ENCLOSE SELF ATTESTED COPY)**
11. **DO YOU CONFIRM PROVIDING COMPUTRISED BILLING/PRINTED
 RECEIPTS WITH SERIAL NO BEARING NAME OF PATIENT AND
 EMPLOYEE CODE (NEIS/EIS NUMBER AS MENTIONED IN PHOTO
 MEDICAL CARD) : YES/NO**
12. **WHETHER SELF ATTESTED COPIES OF IT RETURN OF PRECEEDING 03
 Assessment YEARS ENCLOSED (2014-15, 2015-16 & 2016-17)
 : YES/NO**

13. *STATE G.S.T.REGISTRATION NUMBER:-
(ENCLOSE SELF ATTESTED COPY)*
14. *CONFIRM MENTIONING G.S.T. VALUE/AMOUNT SEPARATELY ON BILL
: YES/NO*
15. *WHETHER HOLDING VALID NMC REGISTRATION CERTIFICATE
(ENCLOSE SELF ATTESTED COPY) : YES/NO*
16. *DO YOU HOLD MPCB N.O.C./ENVIRONMENTAL CLEARANCE IF
APPLICABLE
(ENCLOSE SELF ATTESTED COPY(IF APPLICABLE) :YES/NO*
17. *TIMING OF THE SHOP MINIMUM OPENING 12 HOURS :YES/NO
(Pl specify timing if 12 Hrs)*
18. *I HAVE READ,UNDERSTOOD AND AGREE TO ABIDE BY ALL GENERAL
AND SPECIFIC CRITERIA FOR EMPANELMENT/DE-EMPANELMENT
:YES/NO*

*(PLEASE ENCLOSE PHOTOCOPIES OF ALL THE RELEVANT DOCUMENTS
RELATED TO GENERAL AND SPECIFIC CRITERIA DULY SELF ATTESTED)*

NO.OF DOCUMENTS ENCLOSED:

(SIGNATURE OF THE APPLICANT)

PLACE:

DATE:

NAME OF THE APPLICANT

Mobile No:

email :



वेस्टर्न कोलफील्ड्स लिमिटेड
Western Coalfields Limited
 (मिनीरत्न कंपनी) (A Miniratna Company)
 (कोल इंडिया लि. की अनुषंगी कंपनी)
 (A Subsidiary of Coal India Limited)



प्रमुख (चिकित्सा सेवाएँ) का कार्यालय
 2511982/2510720 CIN - U10100MH1975GOI018626

Office of Chief of Medical Services email- cmswcl@westerncoal.gov.in FAX: 0712 -

Website: www.westerncoal.nic.in

(ANNEXURE "C")

APPLICATION FOR EMPANELMENT OF DIAGNOSTIC CENTERES
(ULTRA SONOGRAPHY/RADIOLOGY)

1. NAME OF THE DIAGNOSTIC CENTRE: _____
: _____
2. NAME OF THE OWNER(S)/PROPRIETOR: _____

3. ADDRESS OF DIAGNOSTIC CENTER : _____
: _____
: _____
4. RESIDENTIAL ADDRESS OF OWNERS(S)/PROPRIETOR: : _____
: _____
5. STATE WHETHER POCESSES VALID LICENCE FROM COMPETENT AUTHORITY : YES/NO
(ENCLOSE SELF ATTESTED COPY)
6. STATE WHETHER EMPANELED IN OTHER GOVERNMENT ORGANISATION (ENCLOSE SELF ATTESTED ORDER COPY): YES/NO
7. DO YOU CONFIRM PROVIDING COMPUTRISED BILLING/PRINTED RECEIPTS WITH SERIAL NO. BEARING NAME OF PATIENT AND EMPLOYEE CODE (NEIS/EIS NO.AS MENTIONED IN MEDICAL CARD : YES/NO
8. STATE PAN NO.(ENCLOSE SELF ATTESTED COPY) : YES/NO
9. ADHAR CARD NUMBER OF OWNER/PROPRIETOR : YES/NO
(ENCLOSE SELF ATTESTED COPY)
10. STATE G.S.T. REGISTRATION NUMBER (IF APPLICABLE) ENCLOSED SELF ATTESTED COPY
11. CONFIRM MENTIONING G.S.T. VALUE/AMOUNT SEPARATELY ON BILL (IF APPLICABLE) : YES/NO
12. WHETHER SELF ATTESTED COPIES OF IT RETURN OF PRECEEDING 03 Assessment YEARS ENCLOSED (2014-15, 2015-16 & 2016-17) : YES/NO
13. WHETHER HOLDING VALID NMC REGISTRATION CERTIFICATE : YES/NO
(ENCLOSE SELF ATTESTED COPY)

14. DO YOU HOLD MPCB N.O.C./ENVIRONMENTAL CLEARANCE
(ENCLOSE SELF ATTESTED COPY) :YES/NO
15. X-RAY (DIGITAL/CONVENTIONAL – MENTION mA) :YES/NO
16. SONOGRAPHY :YES/NO
17. DOPLER STUDY/COLOUR DOPPLER :YES/NO
18. C.T.SCAN (WHOLE BODY/SPECIFIC PART) :YES/NO
19. M.R.I. :YES/NO
20. REPORTING DOCTORS QUALIFICATION (M.D/DNB RADIO-
DIAGNOSIS) :YES/NO
21. WORKING HOURS (24 HOURS/SPECIFIC TIMININGS) : _____
22. ANY OTHER FACILITY AVAILABLE (ATTACH SEPERATE SHEET) :
23. I HAVE READ,UNDERSTOOD AND AGREE TO ABIDE BY ALL THE
CRITERIA FOR EMPANELMENT/DE-EMPANELMENT :YES/NO

(PLEASE ENCLOSE PHOTOCOPIES OF ALL THE RELEVANT DOCUMENTS
RELATED TO GENERAL AND SPECIFIC CRITERIA DULY SELF ATTESTED)

NO.OF DOCUMENTS ENCLOSED:

(SIGNATURE OF THE APPLICANT)

PLACE:

DATE:

NAME OF THE APPLICANT

Mobile No:

email



वेस्टर्न कोलफील्ड्स लिमिटेड
Western Coalfields Limited
 (मिनीरत्न कंपनी) (A Miniratna Company)
 (कोल इंडिया लि. की अनुषंगी कंपनी)
 (A Subsidiary of Coal India Limited)



प्रमुख (चिकित्सा सेवाएँ) का कार्यालय

Office of Chief of Medical Services email- cmswcl@westerncoal.gov.in FAX: 0712 -

2511982/2510720 CIN - U10100MH1975GOI018626

Website: www.westerncoal.nic.in

(ANNEXURE "D")

APPLICATION FOR EMPANELMENT OF DIAGNOSTIC CENTERES
(PATHOLOGY/MICROBIOLOGY CENTRE)

1. NAME OF THE DIAGNOSTIC CENTRE: _____
: _____
2. NAME OF THE OWNER(S)/PROPRIETOR: _____

3. ADDRESS OF DIAGNOSTIC CENTER : _____
: _____
: _____
4. RESIDENTIAL ADDRESS OF OWNER(S)/PROPRIETOR: _____
: _____
5. STATE WHETHER POCESSES VALID LICENCE FROM COMPETENT AUTHORITY : YES/NO
(ENCLOSE SELF ATTESTED COPY)
6. STATE WHETHER EMPANELED IN OTHER GOVERNMENT ORGANISATION (ENCLOSE SELF ATTESTED ORDER COPY): YES/NO
7. DO YOU CONFIRM PROVIDING COMPUTRISED BILLING/PRINTED RECEIPTS WITH SERIAL NO. BEARING NAME OF PATIENT AND EMPLOYEE CODE (NEIS/EIS NO.AS MENTIONED IN MEDICAL CARD : YES/NO
8. STATE PAN NO.(ENCLOSE SELF ATTESTED COPY) : YES/NO
9. ADHAR CARD NUMBER OF OWNER/PROPRIETOR : YES/NO
(ENCLOSE SELF ATTESTED COPY)
10. STATE G.S.T. REGISTRATION NUMBER (IF APPLICABLE) ENCLOSED SELF ATTESTED COPY
11. CONFIRM MENTIONING G.S.T. VALUE/AMOUNT SEPARATELY ON BILL (IF APPLICABLE) : YES/NO
12. WHETHER SELF ATTESTED COPIES OF IT RETURN OF PRECEEDING 03 Assessment YEARS ENCLOSED (2014-15, 2015-16 & 2016-17) : YES/NO
13. WHETHER HOLDING VALID NMC REGISTRATION CERTIFICATE : YES/NO
(ENCLOSE SELF ATTESTED COPY)

14. *DO YOU HOLD MPCB N.O.C./ENVIRONMENTAL CLEARANCE
(ENCLOSE SELF ATTESTED COPY)* :YES/NO
15. *HAEMATOLOGY* :YES/NO
16. *HISTOPATHOLOGY* :YES/NO
17. *BIO-CHEMISTRY* :YES/NO
18. *HORMONAL ASSAY* :YES/NO
19. *MICROBIOLOGY* :YES/NO
20. *PCR / RIA* :YES/NO
21. *REPORTING DOCTORS QUALIFICATION (M.D/DNB PATH/MICRO)*
:YES/NO
22. *WORKING HOURS (24 HOURS/SPECIFIC TIMININGS* : _____
23. *ANY OTHER FACILITY AVAILABLE (ATTACH SEPERATE SHEET) :*
24. *I HAVE READ,UNDERSTOOD AND AGREE TO ABIDE BY ALL THE
CRITERIA FOR EMPANELMENT/DE-EMPANELMENT* :YES/NO

*(PLEASE ENCLOSE PHOTOCOPIES OF ALL THE RELEVANT DOCUMENTS
RELATED TO GENERAL AND SPECIFIC CRITERIA DULY SELF ATTESTED)*

NO.OF DOCUMENTS ENCLOSED:

(SIGNATURE OF THE APPLICANT)

PLACE:

DATE:

NAME OF THE APPLICANT

Mobile No:

email :