

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 (Only MBBS and onwards) (Please attach separate sheet wherever required)

Sr. No.	Qualification	Period		Name of University	MCI Regn. No. & Date
		From	To		
1.	M.B.B.S.				
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: