

**APPLICATION FORM FOR EMPANELMENT WITH IPR**

(Specialist/Consultant Doctor – MD, MS etc.)

Specialization (Please mention your branch of specialization) \_\_\_\_\_

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 <i>(if different than residence address)</i>		
5.	Telephone No. <i>(Landline if applicable)</i>	_____ 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 Nursing Home (if any) : \_\_\_\_\_

Location address of the Nursing Home: \_\_\_\_\_

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: .....