

No.S.14025/53/2008-MS
Government of India
Ministry of Health and Family Welfare
313, 'D' Wing, Nirman Bhawan, New Delhi – 110108
Email: so2ms-mohfw@nic.in

Dated 9th February, 2009.

OFFICE MEMORANDUM

Subject: Proforma for the verification of Character and antecedents of doctors to be appointed as Authorised Medical Attendants under CS(MA) Rules, 1944- regarding.

The undersigned is directed to invite reference to Government of India's Decision 2(2)(f) below Rule 2 of CS(MA) Rules, 1944, wherein an arrangement for verification of antecedents of private doctors for appointment as Authorised Medical Attendants (AMAs) has been made. Now on receipt of a number of requests for a Proforma for such verification, this Ministry has prepared a following Proforma for verification and has decided to include it as **ANNEXURE "C"** in GID (2) below Rule (2) of CS (MA) Rules, 1944.

It is also clarified that on renewal of tenure of the doctors, who have already appointed as AMA after proper verification of antecedents through local police, the Proforma duly filled may be submitted. However there is no need to get it verified through the local police.



(Jai Prakash)

Under Secretary to the Government of India.

Tele:23061881.

Enclosures: Proforma as mentioned above.

To,

1. All Ministries/Departments of Government of India.
2. All States/UTs Governments.
3. Office of the Comptroller and Auditor General of India, Bahadur Shah Zafar Marg, New Delhi-110002.
4. CMO(SRA), Dte.GHS.
5. DDG(M), Dte.GHS.
6. Dte.GHS (M.G.-II Section), with 50 spare copies.
7. All officers/Sections in the Ministry of Health & FW.
8. CGHS(P) Section.
9. Internal Finance Division, M/o Health & FW
10. Swamy Publishers (P) Ltd., P.B. No.2468, R.A. Puram, Chennai-600028.
11. Swamy Publishers (P) Ltd., 4855, 24, Ansari Road, Daryaganj, New Delhi.
12. Shri Umaraomal Purohit, Secretary, Staff Side, 13-C, Ferozshah Road, New Delhi-110001.
13. All Staff Side members of National Council (JCM).
14. NIC Division, Nirman Bhavan, New Delhi, with the request that same may be put on the website of this Ministry under the link of CS(MA) Rules.
15. Guard File of M.S. Section.

ANNEXURE "C"
(to be filled by the concerned doctor in duplicates)

**VERIFICATION FORM FOR APPOINTMENT OF AUTHORISED MEDICAL
ATTENDANT IN THE AREAS NOT COVERED BY CGHS**

Warning:

The furnishing of false information or suppression of any factual information in the verification form would be a disqualification for appointment as AMA. If the fact that the false information has been furnished or that there has been suppression of any factual information in the verification form comes to notice at any time during the period of appointment of AMA, his services would be liable to be terminated.

Photograph
of the
candidate.

1.	Name in full (Block letters) (The name should be same as in his qualification degree).	
2.	Father/Husband's Name	
3.	Date of Birth	
4.	Nationality	
5.	Medical Qualification i.e. MBBS/MD (Photocopy of the certificate/marksheets should be annexed).	
6.	MCI registration number and place of registration (Photocopy of the certificate/mark sheets should be annexed).	
7.	Name of Medical College and the University from where medical degree (Bachelor) obtained.	
8.	Name of Medical College and the University from where medical degree (Master, if any) obtained.	
9.	Full Address of Clinic/Medical centre (i.e. Number, Lane/ Street/ Road Village, Thana, Post Office, District etc.)	
10.	Present Residential Address in full (including the name of Thana)	
11.	Permanent Residential Address in full (including the name of Thana)	
12.	Work experience, if any in Government Hospital.	

13.	Work experience, total (in brief).	
14.	Have you ever been arrested, prosecuted, or fined by a Court of Law. If yes, give full details.	Yes/No.

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

Date:
Place:

Signature of candidate
(With stamp)

(To be filled by Verifying Authority i.e. local police Department)

Certified that the verification in respect of Dr.....
Resident of

Whose clinic is situated at

.....
has been carried out and nothing adverse has been noticed against him/her in our records.

Date:
Place:

Signature

Name & Stamp of verifying authority.