

त्रिपुरा विश्वविद्यालय

TRIPURA UNIVERSITY

(केन्द्रीय विश्वविद्यालय / A Central University)

सूर्यमणिनगर, अगरतला / Suryamaninagar, Agartala

त्रिपुरा(प.)/Tripura (W.), पिन/PIN – 799022, भारत/INDIA



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ई-मेल / E-Mail: registrar@tripurauniv.ac.in

वेबसाइट / Website : www.tripurauniv.ac.in

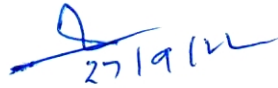
No.F.TU/REG/MRC/01/2021

Date: 27.09.2022

NOTICE

Applications are invited from Doctors residing in Tripura for empanelment with Tripura University as Authorized Medical Attendant (AMA). The details and proforma for applying the same is available in Tripura University website: www.tripurauniv.ac.in

Hard copy of application form along with the enclosures must reach the office of the Registrar, Tripura University, Suryamaninagar, Agartala, Tripura. 799022 - on or before 31.10.2022 (office hours)


(Dr. Deepak Sharma)
Registrar



TRIPURA UNIVERSITY
(A Central University)
Suryamaninagar-799022, Tripura INDIA

**PROFORMA TO BE FILLED BY DOCTORS RESIDING IN TRIPURA FOR EMPANELMENT
WITH TRIPURA UNIVERSITY AS AUTHORIZED MEDICAL ATTENDANT (AMA)**

(You are requested to complete all the columns of this proforma to help in maintaining proper records)

To
The Registrar
Tripura University
Suryamaninagar – 799022
Tripura

1. Name of the intending Doctor:
(In Capital Letters)
2. Mobile:
3. Email:
4. DOB:
5. Gender:
6. Address (Residence):
.....
7. Address (Clinic):.....
.....
8. Clinic Days & Timings:
9. Details of Educational Qualifications (enclose copy):
 - i. MBBS:
 - ii. MD:
 - iii. Others:
10. Specialization, if any (Kindly, Specify):

11. Total Experience: Government/Semi Government/Private (duration in years):

.....

12. Whether ready to provide Consultation at CGHS rates?: Yes/No

13. Whether the Doctor is employed to any Govt. Hospital/Organization?

.....

If yes, whether availing Non-practicing Allowance?

14. Whether empanelled with any Govt. Organization? : Yes/No.....

15. If empanelled with any Govt. organization, mention the name of the Organization & date of the empanelment:

(Use separate sheet if space is not sufficient)

16. Tripura State Medical Council (TSMC) Regd. No. and Validity:

Signature of the Doctor
Seal

Place.....

Date.....