

APPLICATION FORM FOR EMPANELMENT WITH CPP-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 CPP-IPR.

Signature with date & Seal: