INVITATION OF APPLICATIONS FROM REGISTERED PRIVATE MEDICAL PRACTITIONERS FOR APPOINTMENT AS AUTHORISED MEDICAL ATTENDANTS.

APPLICATIONS ARE INVITED FROM REGISTERED PRIVATE MEDICAL PRACTITIONERS FOR APPOINTMENT AS AUTHORISED MEDICAL ATTENDANTS FOR THE BENEFIT OF THE EMPLOYEES OF PLANNING COMMISSION AND THEIR FAMILY MEMBERS.


THE PRIVATE REGISTERED MEDICAL PRACTITIONER WHEN APPOINTED AS AUTHORISED MEDICAL ATTENDANT SHOULD BE REQUIRED TO FOLLOW STRICTLY THE RULES AND ORDER ISSUED UNDER THE CS(MA) RULES, 1944. THEY MAY PARTICULARLY BE REQUIRED TO NOTE THE SALIENT POINTS SET OUT IN THE APPENDIX-XI OF CS(MA) RULES, 1944 “INSTRUCTIONS TO DOCTORS”.

APPLICANT HAS TO FILL THE VERIFICATION FORM (ANNEXURE –D), CONVEY WILLINGNESS IN THE PRESCRIBED FORMAT AND SUBMIT AN AFFIDAVIT IN THE PRESCRIBED FORMAT.

THE INSTRUCTIONS, VERIFICATION FORM AND FORMATS FOR WILLINGNESS AND AFFIDAFIT MAY BE DOWNLOADED FROM PLANNING COMMISSION’S WEBSITE “http://planningcommission.nic.in/news/tender/”.

LAST DATE FOR RECEIPT OF APPLICATIONS WILL BE ONE MONTH FROM THE DATE OF PUBLICATION OF THIS ADVERTISEMENT IN THE NEWSPAPER.

Sd/-
(SUNITA BECK)
UNDER SECRETARY TO THE GOVT. OF INDIA
TEL. 23042532 / 23096636
## 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.

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<tr>
<td>1.</td>
<td>Name in full (Block letters)</td>
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<td>(The name should be same as in his qualification degree)</td>
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<td>2.</td>
<td>Father/Husband's Name</td>
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<td>3.</td>
<td>Date of Birth</td>
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<td>4.</td>
<td>Nationality</td>
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<td>5.</td>
<td>Medical Qualification i.e. MBBS/MD (Photocopy of the certificate/mark-sheets should be annexed)</td>
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<td>6.</td>
<td>MCI registration number and place of registration (Photocopy of the certificate/mark sheets should be annexed)</td>
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<tr>
<td>7.</td>
<td>Name of Medical College and the University from where medical degree (Bachelor) obtained</td>
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<td>8.</td>
<td>Name of Medical College and the University from where medical degree (Master, if any) obtained</td>
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<td>9.</td>
<td>Full Address of Clinic/Medical centre (i.e. Number, Lane/Street/ Road Village, Thana, Post Office, District etc.)</td>
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<td>10.</td>
<td>Present Residential Address in full (including the name of Thana)</td>
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<td>11.</td>
<td>Permanent Residential Address in full (including the name of Thana)</td>
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<td>12.</td>
<td>Work experience, if any in Government Hospital</td>
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<td>13.</td>
<td>Work experience, total (in brief)</td>
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<td>14.</td>
<td>Have you ever been arrested, prosecuted, or fined by a Court of Law. If yes, give full details.</td>
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I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I also undertake that I have not been ever involved in any corrupt practice(s) and no case has been lodged against me at any local Police Station / CBI / CVC / any Court, etc.

Date: ...........................................  Signature of candidate  
Place: ........................................  (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: ...........................................  Signature  
Place: ........................................  Name & Stamp of verifying authority
To,
The Under Secretary (OM&C),
Government of India,
Planning Commission,
New Delhi.

Subject:- Willingness to be empanelled as AMA.

Sir / Madam,

I, hereby convey my willingness to be empanelled as AMA for the benefit of the employees of Planning Commission and their family members.

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(Signature)

Name......................................
Seal
I, Dr. _______________ S/o, D/o, W/o Shri _______________ resident of ________________________________, do hereby solemnly affirm and declare as under:

1. That I am registered with the State Medical council of this State of MCI under the Medical Council Act / Indian Medicine Central Council Act and that my Registration No. is ________________.

2. That I have gone through rules and regulations and agree to abide by the conditions laid down therein. I also agree to abide by the conditions orders issued in this connection from time to time.

3. That I shall charge consultation and injection fee at the prescribed rates as may be modified from time to time.

4. That I have noted that my nomination as Authorised Medical Attendant does not confer any right to be confirmed as an Authorised Medical Attendant and that my nomination could be terminated at anytime by the nominating authority without assigning any reasons or giving any notice.

Verification: - Deponent

Verification at ________________ on _______________ that the contents of this affidavit are correct to the best of my knowledge and belief.
APPENDIX – XI
INSTRUCTIONS FOR DOCTORS

1. The provisions of the Medical Attendance Rules and Orders, issued from time to time, should be strictly observed. The following points should be particularly noted:—

(1) Pathological, Bacteriological, Radiological or other methods of examination for the purpose of diagnosis should be carried out at a Government hospital or laboratory.

(2) A patient should not be referred to a private Specialist, except where specifically provided for in Government orders and under no circumstances to a Specialist or Medical Officer, Government or private, outside the State.

(3) A patient should not be admitted to a hospital or nursing home which does not come within the scope of the rules or which has not been recognized for the purpose of the rules.

(4) Dental treatment when it is obtained at a Government hospital under the advice of the Authorized Medical Attendant is covered by the Medical Attendance Rules, as provided for in Government of India’s Decision in Section 1.

(5) Utmost economy should be exercised while prescribing medicines. Where cheaper medicines of equal therapeutic value are available, only those should be prescribed.

(6) Medicines should not be prescribed for all 10 days at a stretch. The daily dosage should be indicated in the prescriptions.

(7) Prescription of phials towards the end of the 10 days’ period should be avoided, if possible.

(8) While signing medical bills, never certify items of foods, tonics having more food value, deodorants, and other similar preparations as essential.

(9) Reimbursement of the cost of Ayurvedic, Unani, Siddha and Homoeopathic medicines is also admissible.

(10) Essentiality Certificates in respect of medicines should be granted in the prescribed form and should legibly show (preferably in block letters) the names of the medicines prescribed and the amount incurred on the purchase of each medicine.

(11) List of items of medicines for which refund is not admissible under the Medical Attendance Rules are issued by the Ministry of Health from time to time. The items mentioned in these lists as well as foods, toiletries, deodorants, appliances or dressing should not be included in the Essentiality Certificate. Their cost will not be reimbursed to Government servants even if prescribed by the Authorized Medical Attendants. The list issued by the Ministry is illustrative only. The AMA will decide the admissibility of a new medicine/preparation.

(12) Payments received from Central Government servants or members of their families, on account of fees for consultation, administration of injections, etc., should be indicated in the body of the Essentiality Certificate itself. vide Clauses (a) and (b) of Form ‘A’. A revenue stamp should be affixed on the Essentiality Certificate itself if the amount received exceeds ₹ 20.

(13) The designation and degree should be clearly indicated while signing the reimbursement papers.

2. The following principles should be observed:—

(1) For the purpose of ‘medical attendance’, as distinct from ‘medical treatment’, there should be no need for repeated consultations which include ‘repeat’ prescriptions. In such cases up to 4 consultations at the rate of one consultation, a day should be sufficient.

(2) Treatment at a consulting room should be limited to the administration of injections only.

(3) Cases requiring prolonged treatment should be admitted to hospitals unless hospitalization is definitely not necessary in any particular case.

(4) If hospitalization is not considered necessary, but the treatment is expected to be prolonged requiring many consultations and several injections spread over a period of more than 10 days, the patient should be referred to the out-patient department of a Government/recognized hospital at the earliest.

(5) Hospitalization should be advised in cases where it is required, and if, in spite of the specific advice of the Medical Officer, a patient does not seek admission into hospital, the Medical Officer concerned should record a note to that effect while signing or countersigning the bills, certificates, etc., necessary to be produced by the Government servant for the purposes of claiming refund from Government. In such cases, no refund would be admissible.

(6) In cases which are definitely not prolonged, treatment (limited to the administration of injections only), during medical attendance may be given spread over a period not exceeding 10 days. In such cases, normally 10 injections in a period of 10 days should suffice. These limits may be exceeded slightly (not exceeding 5), viz., 15 injections spread over a period of 10 to 15 days (or even more days depending on the condition or ailment of the patient so as in the opinion of the Authorized Medical Attendant it is essential for the recovery of the patient) at the discretion of the Authorized Medical Attendant.

3. If a Central Government servant or a member of his family is not entitled to the services of the Medical Officer whom the patient consults, he should direct the patient to the proper Authorized Medical Attendant.