Last Date for submission 15-6-2017

** PANDIT DEENDAYAL UPADHYAYA SHEKHAWATI UNIVERSITY, SIKAR**

**PERFORMA FOR RECOGNITION OF MEDICAL DOCTOR AND HOSPITALS**

***(DOCTORS AND HOSPITALS PRACTICE IN ALOPATHY/HOMYOPATHY/AYURVEDIC/NETUROPATHY Etc. CAN APPLY)***

APPLICATION SUBMITTED TO:

REGISTRAR

PANDIT DEENDAYAL UPADHYAYA SHEKHAWATI UNIVERSITY,

BEHIND S.K. GOVT. PG COLLEGE, SIKAR

I herein submit the letter of request in the prescribed performa for recognition for medical consultancy and treatment:

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| Sr. No. |  |  |
| 1 | **Name of Doctor/Hospital** (Seeking Recognition of the University to treat University employees) |  |
| 2 | Nature of Medical Services:  (Allopathy/Homyopathy/Ayurvedic/ Naturopathy/ Unani/ Acupuncture/Physiotherapy etc. |  |
| 3 | Enrollment/ Registration Number given by Medical Council of India |  |
| 4 | Qualification |  |
| 5 | Specialization |  |
| 6 | Experience |  |
| 7 | Category : Individual Practitioner/ Private Hospital/ Retired Government Doctor  (Furnish detail) |  |
| 8 | In case of Multi-Specialized Hospital furnish detail of All the areas of specialization |  |
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Note:

1. Furnish the certificate of Enrollment/Registration/Recognition issued by the Medical Council of India.
2. In case of individual doctor/Medical Practitioner furnish CV.
3. In shortage of space, You are advise to take print/ prepare the performa on the other page/ pages.

Signature of Doctor / Hospital In charge Officer