

APPLICATION FOR HONORARY VISITING SPECIALIST

The PCMO
ICF Hospital
ICF, Chennai – 600 038

APPLICATION FOR HONORARY VISITING SPECIALIST

Neuro Physician/ Urologist/ Ophthalmologist/ Psychiatrist

Affix your recent
passport size photo
duly attested by a
Gazetted officer.

1.	Name (in BLOCK LETTERS)				
2.	Father / Husband's Name				
3.	Date of Birth		Age as on 15.11.2021		
4.	Educational Qualification				
5.	Community (SC / ST / OBC)				
6.	E-mail address				
7.	Phone with STD Code	Mobile:		Phone:	
8.	Nationality				
9.	Complete Postal Address including Pin Code				
10.	Educational qualifications from MBBS level onwards	Examination	Year of passing	Medical College / University	% marks obtained
11	Experience after PG				

12.	Details of experience including published research papers, if any	Period	Hospital/Organization worked in	Certificate attached (Yes/No)
13.	Valid & Current Registration Certificate issued by Medical Council of India / State	No.	Date of Issue:	Validity
14.	Speciality			
15.	Place of present work	Government/Private Organization In case of Govt. Organization job, please attach NOC from Govt. Organization.		
16.	Xerox copy of the documents duly attested to be attached	A	Three recent Passport size photo (including one to be pasted on the form)	
		B	Date of Birth Certificate	
		C	Valid Internship Completion Certificate	
		D	Degree of MBBS	
		E	Valid Registration Certificate of Medical Council of India / State	
		F	Post Graduate Degree / Diploma from Recognized University.	
		G	Experience Certificate	
		H	NOC from Government Organization, if already employed in Central/State Govt Hospital.	

Declaration: *I, hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the particulars or information given herein being found false or incorrect or in the event of misrepresentation or discrepancy in the particulars being detected at any stage before or after my engagement, my contract is liable to be terminated forthwith in addition to any civil and/or criminal legal action against me. To the best of my knowledge, my conduct in past has not been such which renders me unsuitable for appointment under Government of India.*

Place:
Date:

Signature of the Doctor

NOTE: APPLICATION FORM, INCOMPLETE IN ANY RESPECT, IS LIABLE TO BE REJECTED.

For Office Use

PCMO

ACMS/ADMIN

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