

**National Institute of Public Cooperation and Child Development**  
**5, Siri Institutional Area, Hauz Khas, New Delhi-110016**

NI/Acctts/AMA Renewal/2023

22.05.2025

CIRCULAR

This has reference to the Office Memorandum dated 29.3.2025 issued regarding further extension of validity of the Panel of Authorized Medical Attendants (AMAs) for the period of three months till 30<sup>th</sup> September, 2025.

2. All the Retirees/Serving employees of the Institute are requested to kindly suggest the names of AMA/Specialists (Ayurvedic/Homeopathic/Allopathic) in the enclosed proforma to be included in the existing Panel list by 30<sup>th</sup> June, 2025. Further, the name of AMA/Specialist may be provided in the areas where there is no AMA/Specialist in addition to the existing list of Panel.

3. In case of any changes required to be made in the existing Panel, it is requested to kindly suggest the same.



(Dr. Sanghamitra Barik)  
Joint Director(CS)

Distribution:

1. PS to Director, NIPCCD, New Delhi
2. All Joint Directors with the request to circulate in their Division
3. Notice Board
4. Website of the Institute.

No.S.14025/53/2008-MS  
Government of India  
Ministry of Health and Family Welfare  
313, 'D' Wing, Nirman Bhawan, New Delhi – 110108  
Email: [so2ms-mohfw@nic.in](mailto:so2ms-mohfw@nic.in)  
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Dated 9th February, 2009.

**OFFICE MEMORANDUM**

Subject: Proforma for the verification of Character and antecedents of doctors to be appointed as Authorised Medical Attendants under CS(MA) Rules, 1944- regarding.

The undersigned is directed to invite reference to Government of India's Decision 2(2)(f) below Rule 2 of CS(MA) Rules, 1944, wherein an arrangement for verification of antecedents of private doctors for appointment as Authorised Medical Attendants (AMAs) has been made. Now on receipt of a number of requests for a Proforma for such verification, this Ministry has prepared a following Proforma for verification and has decided to include it as **ANNEXURE "C"** in GID (2) below Rule (2) of CS (MA) Rules, 1944.

It is also clarified that on renewal of tenure of the doctors, who have already appointed as AMA after proper verification of antecedents through local police, the Proforma duly filled may be submitted. However there is no need to get it verified through the local police.



(Jai Prakash)

Under Secretary to the Government of India.

Tele:23061881.

**Enclosures:** Proforma as mentioned above.

To,

1. All Ministries/Departments of Government of India.
2. All States/UTs Governments.
3. Office of the Comptroller and Auditor General of India, Bahadur Shah Zafar Marg, New Delhi-110002.
4. CMO(SRA), Dte.GHS.
5. DDG(M), Dte.GHS.
6. Dte.GHS (M.G.-II Section), with 50 spare copies.
7. All officers/Sections in the Ministry of Health & FW.
8. CGHS(P) Section.
9. Internal Finance Division, M/o Health & FW
10. Swamy Publishers (P) Ltd., P.B. No.2468, R.A. Puram, Chennai-600028.
11. Swamy Publishers (P) Ltd., 4855, 24, Ansari Road, Daryaganj, New Delhi.
12. Shri Umaraomal Purohit, Secretary, Staff Side, 13-C, Ferozshah Road, New Delhi-110001.
13. All Staff Side members of National Council (JCM).
14. NIC Division, Nirman Bhavan, New Delhi, with the request that same may be put on the website of this Ministry under the link of CS(MA) Rules.
15. Guard File of M.S. Section.

ANNEXURE "C"  
(to be filled by the concerned doctor in duplicates)

**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.

Photograph  
of the  
candidate.

1.	Name in full (Block letters) (The name should be same as in his qualification degree).	
2.	Father/Husband's Name	
3.	Date of Birth	
4.	Nationality	
5.	Medical Qualification i.e. MBBS/MD (Photocopy of the certificate/marksheets should be annexed).	
6.	MCI registration number and place of registration (Photocopy of the certificate/mark sheets should be annexed).	
7.	Name of Medical College and the University from where medical degree (Bachelor) obtained.	
8.	Name of Medical College and the University from where medical degree (Master, if any) obtained.	
9.	Full Address of Clinic/Medical centre (i.e. Number, Lane/ Street/ Road Village, Thana, Post Office, District etc.)	
10.	Present Residential Address in full (including the name of Thana)	
11.	Permanent Residential Address in full (including the name of Thana)	
12.	Work experience, if any in Government Hospital.	

13.	Work experience, total (in brief).	
14.	Have you ever been arrested, prosecuted, or fined by a Court of Law. If yes, give full details.	Yes/No.

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

Date:  
Place:

Signature of candidate  
(With stamp)

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(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:  
Place:

Signature

Name & Stamp of verifying authority.