APPLICATION FORM

FOR VISITING AUTHORISED MEDICAL ATTENDANT (VISITING CONSULTANT) OF AYURVEDIC SYSTEM OF MEDICINE

EOI Advertisement Notice No.	: **EOI NO. KAPS/EOI/HR-HOSPITAL/2026/01**	Photograph
Name of the Post	**VISITING AUTHORISED MEDICAL ATTENDANT (VISITING CONSULTANT) OF AYURVEDIC SYSTEM OF MEDICINE**	
1. Applicant Full Name (In Capital Letters)	: Dr. _____	
2. Age & Sex	: _____ years, Male / Female	
3. Address	: Residential Address –	
	: Hospital /Clinic Address –	
4. Mobile No.	:	
5. e-mail Address	:	
6. Medical Qualifications	:	
7. Registration Number	:	

Medical Qualification details -

Sr. No.	Exam Passed	Name of College / University	Year of passing	Duration of course
i.				
ii.				
iii.				
iv.				

8. Total years of post-qualification Experience: _____ years.						
9. Experience Details (starting from present/ last employment):						
Sr. No.	Name of the Employer	Post Held	From Date	To Date	Total	
					Year	Month
i.						
ii.						
iii.						
iv.						
v.						
10. Frequency of Visit		**:** Three visits per month (at an interval of ten days each). Visit will be on 1st day, 11th day and 21st day of the month. If there is a holiday on prescribed day the visit will be on the following working day. If required, change of visiting day will be decided by both parties by mutual consent.				
11. Expected Consultation Charges per patient*****		: Rs. _____ per patient. : Rs. _____ (in words) per patient.				
12. Expected Transportation Charges per visit		: Rs. _____ per visit. : Rs. _____ (in words) per visit.				
13. Period of Contract		: 03 (Three) years.				

Note*: Payment equal to minimum 20 patient consultation charges per visit may be fixed where the patients are less than or equal to 20. Payment as per the actual number of patients attended may be made when more than 20 patients are attended. Wherever required, negotiations to be carried out with the approval of Competent Authority of NPCIL, Kakrapar Gujarat Site.

Date :

Signature :

Name : Dr.

PRE-QUALIFICATION CRITERIA FOR VISITING AUTHORISED MEDICAL ATTENDANTS (VISITING CONSULTANTS) OF AYURVEDIC SYSTEM OF MEDICINE

1.	**Educational Qualification –**	Bachelor of Ayurvedic Medicine & Surgery (B.A.M.S.)
2.	**Experience in relevant field –**	Minimum 5 years.
Document to be enclosed along with Application form –		i. Photo I/D issued by any Govt. Authority. ii. Address proof (Driving license, Voter's card, etc.) iii. Degree certificate. iv. Experience certificate in relevant field issued by employer / institution. In case of Private Practice, **self declaration of experience** in relevant field should be enclosed **in attached format**. v. Valid Registration Certificate issued by State/ Central Council/Board of Ayurvedic System of Medicine.

Note:-

- Only eligible candidates who meet the above Pre-Qualification criteria should apply for this post.
- Above post is purely on contractual basis and will be adhered to the terms & conditions of contract agreement to be signed between KAPS & Visiting Consultant.

SELF DECLARATION OF EXPERIENCE

(To be submitted by visiting consultant in case of private practice)

I, Dr_____, hereby declare that I am a registered practitioner of Ayurvedic system of medicine, practicing at my private hospital/ clinic at the address mentioned below since last _____ years.

I also hereby declare that I have gained sufficient clinical experience in my discipline/ specialty during the above-mentioned period.

Name & Address of Private Hospital/ Clinic	**:**	
Contact No.	**:**	

Date : Signature :

Name : Dr.