

SEMI-CONDUCTOR LABORATORY

S.A.S. NAGAR

I N D E X

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1.	EMPANELMENT OF AUTHORIZED MEDICAL OFFICER (AMO) IN AND AROUND SECTORS 37,38,40 & 41 , CHANDIGARH AND SECTOR 69,70,71, PHASE 4,5, & 3b1/2, MOHALI	2-4
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Semi Conductor Laboratory

S.A.S.Nagar

Empanelment of Authorized Medical Officer (AMO) in Chandigarh and Mohali (as per Page 1)

Introduction

Semi-Conductor Laboratory (SCL) under the Department of Space, Govt. of India, located in Sector 72, S.A.S. Nagar, (Mohali), has 700 employees (Prime beneficiaries). The total number of beneficiaries (employees and their dependant family members) is about 2300. SCL has 'Contributory Health Service Scheme' (CHSS) under which medical attendance and treatment is provided to the employees and their dependant family members through empanelled Authorized Medical Officers (AMOs), Specialist Doctors, Multi-Speciality Hospitals, Diagnostic Centres and Pathological Laboratories. All the beneficiaries are issued CHSS cards for identification. **The first level/initial treatment is provided by the AMO** and for specialized treatment, the AMO can refer the patient to empanelled Specialist Doctors/ Hospitals. **AMO is attached with a specific number of employees/prime beneficiaries as per the location of the AMO's clinic and choice of the employees.**

2. Eligibility

(i) For Allopathic treatment

AMO shall possess minimum qualification of MBBS with at least 10 years post qualification experience and having their full time clinic in that area.

3. **Cashless Services**

The AMO shall provide Cashless Services to the employees/beneficiaries attached with him. Payment shall be made by SCL to the AMO on monthly basis. For administering injections, dressing etc. to the employees/beneficiaries, the payment will be made as per the CHSS approved rates.

4. **Fixed Monthly Honorarium**

The AMO shall be paid fixed monthly honorarium as under:

➤ **AMO: Allopathic**

AMO having Prime beneficiaries between	Rate of Monthly Honorarium
31 - 50	Rs.8,000/-
51- 100	Rs. 12,000/-
101 - 150	Rs.15,000/-
151 - 200	Rs.18,000/-
201- 250	Rs.22,000/-

(Under revision)

40 to 50 Prime beneficiaries/employees is expected to be attached to AMO in Chandigarh; the number of employees could increase also.

150 or more Prime beneficiaries/employees is expected to be attached to AMO in Mohali.

5. **General guidelines to Applicants**

- Do not change the format of the application or nomenclature. Use remarks column for any deviation/change.
- Hard copy of the Application duly self attested/and stamped must be forwarded for consideration for empanelment.

- As part of the evaluation exercise, SCL may at its discretion visit the premises of the AMO for an on spot assessment.
- Photo copy of PAN Card to be attached to the Application.
- Latest photograph of the Applicant to be attached to the Application.
- SCL reserves the right to reject or accept any and/or all the Applications without assigning any reason.
- AMO shall be provided SCL stationery (Medical Prescription pads/referral forms etc.) for use of the employees/beneficiaries.
- The empanelment can be terminated by giving one month notice by either side in writing.

6. **Monitoring & Medical Audit**

SCL reserves the right to visit the AMO at any time to verify compliance to the CHSS requirements. AMO found indulging in any corrupt or fraudulent practice shall be removed from the empanelment and disqualified for future empanelment under CHSS.

7. **Application submission date**

The last date of receipt of applications at SCL is **19.11.2020**. Application is to be sent to Sr.Admin Officer, P&GA-CHSS, Semi-Conductor Laboratory, Sector 72, S.A.S. Nagar in a sealed envelope super-scribed '**Application for empanelment of 'Authorized Medical Officers (AMO)'**'.

For any query on the above, may contact through e-mail npsingh@scl.gov.in

**Semi-Conductor Laboratory
S.A.S. Nagar**

APPLICATION FORMAT FOR AUTHORIZED MEDICAL OFFICER (AMO)

S.No.	Description	Details
1.	Name of Doctor	
2.	Clinic Address with Telephone/ Fax/ e-mail/Website	
3.	Qualification (attach testimonials including year of passing)	
4.	Registered with Medical Council of India (MCI) or State Medical Council (attach self attested copies).	
5.	Experience (Post Qualification)	
6.	Details of Empanelments with other Organizations/Companies	
7.	Availability of facilities like Administering Injection / Dressing etc.	
8.	Availability of Waiting Area for Patients	
9.	Clinic Timings (week days)	

S.No.	Description	Details
10.	Weekly off, if any	
11.	Other facilities/information, if any.	

Signature of Doctor

Name:

Date:

Stamp