

SEMI-CONDUCTOR LABORATORY

S.A.S. NAGAR

I N D E X

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Semi Conductor Laboratory

S.A.S.Nagar

Empanelment of Authorized Medical Officer (AMO) in

S.A.S.Nagar (Mohali)

1. Introduction

Semi-Conductor Laboratory (SCL) under the Department of Space, Govt. of India, located in Sector 72, S.A.S. Nagar, (Mohali), has 749 employees (Prime beneficiaries). The total number of beneficiaries (employees and their dependant family members) is about 2349. 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 AMOs and for specialized treatment, the AMOs can refer the patient to empanelled Specialist Doctors/ Hospitals. Each AMO is attached with a specific number of employees/beneficiaries as per the location of the AMO's clinic and choice of the employees.

2. Eligibility for Allopathic treatment

AMO shall possess minimum qualification of MBBS with atleast 10 years post qualification experience and having their full time clinic.

3. **Cashless Services**

The AMO shall provide Cashless Services to the employees/beneficiaries attached with them. 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 (Allopathic) shall be paid fixed monthly honorarium as under:

AMOs having Prime beneficiaries between	Rate of Monthly Honorarium
10 to 30	Rs.5000/-
31 to 50	Rs.8000/-
51 to 100	Rs. 12000/-
101 to 150	Rs.15000/-
151 to 200	Rs.18000/-
200 and above	Rs.20000/-

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 must be forwarded.
- As part of the evaluation exercise, SCL may at its discretion visit the premises of the AMO for an on spot assessment.
- Self attested 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. AMOs 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 **19.07.2018**. 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 Officer (AMO)**'.

8. SCL reserves the right to reject any application(s) without assigning any reason.

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/ Mobile/ E-mail	
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 Empanelment's 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)	

10.	Weekly off, if any	
11.	Details of supporting staff	
12.	Other facilities/information, if any.	

Signature of Doctor

Name:

Date:

Stamp