

Date: _____

To

The Sr. Administrative Officer
Central Pollution Control Board
Parivesh Bhawan
East Arjun Nagar
Delhi-110032.

Sub: Empanelment of AMA under CS(MA) Scheme - Reg.

Sir,

Shri _____ of your organization has contacted me and desired to empanel my name as Authorised Medical Attendant (AMA) for himself and his family dependants.

I have the pleasure to accept the fee and other condition of your organization as per Medical Attendant Rules, 1944 for treating your employees and their dependants accordingly.

Kindly confirm the receipt of this matter and offer of appointment.

(Signature of Doctor with stamp)

Name of Doctor:

Address:

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Regn. No. :

Contact No. :