

To

Administrative Officer (Coordination & Medical Claims)
Central Pollution Control Board
Parivesh Bhawan, East Arjun Nagar Delhi-110032

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

Sir,

ShriDesignation..... C.P. No. 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.

Date: _____

(Signature of Doctor with stamp)

Name of Doctor:

Address:

.....

Regn. No. :

Contact No. :