PROPOSAL FOR ENGAGEMENT OF

VISITING MEDICAL CONSULTANTS ON TENURE BASIS

**BIO-DATA \***

|  |  |  |
| --- | --- | --- |
| 1 | Name  |  |
| 2 | Date of Birth & Age |  |
| 3 | Qualifications |  |
| 4 | Address for communication |  |
| 5 | Mobile / Phone No. |  |
| 6 | E-mail ID |  |
| 7 | Name of the Hospital / Nursing Home / Clinic |  |
| 8 | Experience Profile(Key Areas of Responsibility) |  |
| 9 | Total Experience, in years |  |
| 10 | Details of Awards, if any |  |

 *\* The self-certified copies of credentials along with bio-data may be enclosed.*