



प्रधान आयुक्त सीमा शुल्क का कार्यालय चेन्नै- (सामान्य)
OFFICE OF THE PRINCIPAL COMMISSIONER OF CUSTOMS, CHENNAI (GENERAL)
सीमा शुल्क भवन, 60, राजाजी सालै, चेन्नै-600 001.
CUSTOM HOUSE, NO.60, RAJAJI SALAI, CHENNAI 600 001.
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फा.सं./F.No. II/(3)/APPT/35/2022-ESTT-O/o-Comm-Cus-Gen-Chennai

Date: 22. 02.2022

To,

All the Authorized Medical Attendants,
Chennai.
(As per Dispatch List enclosed)

Sir/ Madam,

Sub: Extension of term of Authorized Medical Attendant (AMA)
in the areas not covered under CGHS -- For the Year 2022-23
--submission of verification form and declaration -- reg.

It is hereby informed to all the existing Authorized Medical Attendants (AMAs) to fill the verification form (enclosed) and submit the same to this office on or before 15.03.2022 (Tuesday) for extension of term of AMAs for the year 2022-23.

2. It may please be noted that furnishing of false information or suppression of any factual information in the verification form would be a disqualification for appointment/ extension as AMA.

3. The duly filled verification form may be sent to the undersigned before last date of submission.

Enclosures:

1. Verification Form
2. Affidavit
3. Undertaking (to be given in the prescription sheet)

Yours faithfully,

SRINIVAS B.C.
EXECUTIVE SECRETARY
CGEWCC

DISPATCH LIST OF EXISTING AMAs FOR THE YEAR (2021-22)

S.No	Name of AMA (Shri./Smt./Ms./ Dr.)	Regn No.	Address
1	Dr. R. Rangarajan	21744	No.9/2,Thirumazhisai Street, Sundaram Colony, East Tambaram, Chennai -59
2	Dr.K.Venkatasubba Raju	31422	6-B, Old Post Office Street,Gummidipoondi, Tiruvallur, Chennai-601 201
3	Dr. S. Gowrisankar	34624	No.203,4th Street, Shanthi Nagar, Chromepet, Chennai - 44
4	Dr.V. Savithri	30998	No.1,Elumalai Street, Radhanagar, Chromepet, Chennai-44
5	Dr.M. Satyanarayanan	29408	No.118, III Main Road, Nagappa Nagar, Chromepet, Chennai - 44
6	Dr.N.Jayaprakash	32890	Old No.50/4, New No.63, MTH Road, Thirumullaivoyal, Chennai -62
7	Dr. S. M. Badhur Mohideen	39107	No.6, A.P. Arasu Street, Kamarajar High Road, Kodungaiyur, Chennai 118
8	Dr.K.Santhosh Kumar	86667	No. 1158, 57th Street, T. N. H. B. Colony, Korattur, Chennai -80
9	Dr. R. Bhanumathi	38527	10/52, Dayalu Nagar, Kolathur, Chennai 99
10	Dr. Y. Sreenivasa Varma	45741	No.17, First Main Road, IIT Colony, Narayanapuram, Pallikaranai, Chennai - 100
11	Dr.V.T.Bhaskaran	34220	10/52, Dayalu Nagar, Kolathur, Chennai 99
12	Dr.M.M.Arulraj	A1030	Arul Mary Homeo Clinic,Indian Bank Colony, IV Road, Ambattur, Chennai -53.
13	Dr. L. S . Krishnan	29025	Plot No.20, Emerald Street, SRVS Colony, Keelkattalai, Chennai -117
14	Dr. K. P. Nataraajan	27264	No.60,Tondiarpet High Road, Kodungaiyur, Chennai118
15	Dr.N. S.Muthiah	34127	No.5, IV Main Road, Natesan Nagar, Virugambakkam, Chennai -92
16	Dr. G.Vecna	46721	G.V.Clinic, No.14, Jothiramalingam Street, B.V.Puram, Avadi, Chennai-54
17	Dr. C. Gnanakumar Rajasingh	24442	2/212, Periyar Salai, Kovilambakkam, Chennai 600 129
18	D r. R. S. Manimekalai	46431	Sri Brinda Clinic, 7, Anna Street, Chitlapakkam, Chennai- 64
19	Dr.O.Arul Daniel	30145	Arul Hospital, 10/ 17, Devarajapillai Street, Mudichur Road, Tambaram West, Chennai-45
20	Dr.T. N . Balasubramanian	22340	Prasanthi Clinic,No.23, Peeliamman Koil Street, Taramani, Chennai -113
21	Dr. C. Kasi Viswanathan	24591	Shanmuga Clinic, No.74, M.G.R. Road, Nanganallur, Chennai-61
22	Dr.D.S.Ajit Prasad	32043	No.9,Adhilakshmi Street, Rajeswari Nagar, Selaiyur, Tambaram, Chennai-73

23	Dr. N. Kannan	27214	No.174, G.S. T Road, Guduvancherry 603202
24	Dr.R.N.Baba	47873	No.28/30, Old BOB Street, Secretariat Colony, Ambattur, Chennai -53
25	Dr.T. Srinivasan	19505	No.39, North Park Street, Venkatapuram, Ambattur, Chennai-53
26	Dr.M.G.Deepa Priya	69001	No.419, G.J. Multispeciality Hospital, CTH Road, Pattabiram, Chennai - 72
27	Dr.K.Ganesan	23770	No.216, MTH Road, Pattabiram, Chennai -72
28	Dr.I.Sivasambo	19443	2/473, Kalamegarn Road, Mogappair West, Chennai-37
29	Dr.L.Govindan	23332	No.4, Manimegalai Street, Gandhi Nagar, Oragadam, Ambattur, Chennai -53
30	Dr.R.Kamala Kannan	37574	Plot No.1158, 57th Street, TNHB Colony, Korattur, Chennai -80
31	Dr. L.Kannan	A-715	Vaigai Homeo Clinic, New No.92, Old No.26/ 1 , Dr. Ramasamy Salai, K.K.Nagar, Chennai-78
32	Dr.S.Panneer Selvam	32572	No.21, Anna Street, Kalikundram, Chennai -113
33	Dr.L.Jayanthi	40031	No.644, 31st Street, Korattur, Chennai -80
34	Dr.J.Mohan Kumar	39826	193/5, G.N.T.Road, Red Hills, Chennai-52
35	Dr.M.Kalaimathi	40690	Your's Clinic, Plot No.39, Pallavan Nagar Main Road, Maduravoyal, Chennai -95
36	Dr.Rohini D Parate	27342	L.A. Palace, Muthapudupet, I.A.F.Avadi, Chennai-55

ANNEXURE "C"
(to be filled by the concerned doctor in duplicates)

**VERIFICATION FORM FOR APPOINTMENT OF AUTHORISED MEDICAL
ATTENDANT IN THE AREAS NOT COVERED BY CGHS**

Warning:

The furnishing of false information or suppression of any factual information in the verification form would be a disqualification for appointment as AMA. If the fact that the false information has been furnished or that there has been suppression of any factual information in the verification form comes to notice at any time during the period of appointment of AMA, his services would be liable to be terminated.

Photograph
of the
candidate.

1.	Name in full (Block letters) (The name should be same as in his qualification degree).	
2.	Father/Husband's Name	
3.	Date of Birth	
4.	Nationality	
5.	Medical Qualification i.e. MBBS/MD (Photocopy of the certificate/marksheets should be annexed).	
6.	MCI registration number and place of registration (Photocopy of the certificate/mark sheets should be annexed).	
7.	Name of Medical College and the University from where medical degree (Bachelor) obtained.	
8.	Name of Medical College and the University from where medical degree (Master, if any) obtained.	
9.	Full Address of Clinic/Medical centre (i.e. Number, Lane/ Street/ Road Village, Thana, Post Office, District etc.)	
10.	Present Residential Address in full (including the name of Thana)	
11.	Permanent Residential Address in full (including the name of Thana)	
12.	Work experience, if any in Government Hospital.	

13.	Work experience, total (in brief).	
14.	Have you ever been arrested, prosecuted, or fined by a Court of Law. If yes, give full details.	Yes/No.

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

Date:
Place:

Signature of candidate
(With stamp)

(To be filled by Verifying Authority i.e. local police Department)

Certified that the verification in respect of Dr.....
Resident of

Whose clinic is situated at

.....
has been carried out and nothing adverse has been noticed against him/her in our records.

Date:
Place:

Signature

Name & Stamp of verifying authority.

(1)

DECLARATION (To be filled in prescription sheet)

I hereby declared that I am not involved in any corrupt practice and no case has been lodged against me at any local police station CBI/CVC/any court etc.,

AFFIDAVIT (To be filled in 20/-stamp paper with notary attestation)

I Dr., S/o residing at..... Tel/mobileNo..... Hereby solemnly declare and affirm
(i) that I am registered with the State medical council of the state of Tamil Nadu under the
medical Council Act /Indian Medicine Central Council Act/ Homeopathy Central Council Act and No.is.....
that my Registration No is.....

(ii) that I have gone through the Central Services (medical attendance) Rules, 1944 and agree to abide
by the conditions laid down therein. I also agree to abide by the orders issued in this connection from time to time.

(iii) that I shall charge consultation and injection fee at the prescribed rates as may be modified from time to time

(iv) that I have noted that my nomination as Authorized Medical Attendant does not confer any right to be
confirmed as Authorized Medical Attendant and that my nomination could be terminated at any time by the
nominating authority without assigning any reasons or giving any notice.

Place

Signature of Registered Medical Practitioner

Date

Attested