

SEMI-CONDUCTOR LABORATORY

S.A.S. NAGAR

I N D E X

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Semi-Conductor Laboratory

S.A.S. Nagar

Application form for Empanelment of AMOs (Allopathic) in Mohali/Chandigarh/Panchkula

1. Introduction

Semi-Conductor Laboratory (SCL) is an autonomous body under the Ministry of Electronics & Information Technology (MeitY) located in Sector 72, S.A.S. Nagar, (Mohali), has 813 employees and pensioners (Prime beneficiaries). The total number of beneficiaries (employees/pensioners and their dependant family members) is approx. 2100. SCL has its 'SCL Contributory Health Scheme' (SCHS) under which medical attendance and treatment is provided to the contributing employees and their dependant family members through empanelled Authorized Medical Officers (AMOs), Specialist Doctors, Multi-Specialty Hospitals, Diagnostic Centers and Pathological Laboratories. SCL also has its dispensary within its campus with a Medical Officer who attends to patients and makes referrals to specialists on need basis. The scheme is available in the Tricity of Mohali/Chandigarh/Panchkula. All the beneficiaries are issued SCHS cards for identification.

2. Scope of Work

The scheme provides for the appointment of general practitioners/doctors as Authorized Medical Officer (AMOs) for giving cashless consultation/treatment to the beneficiaries. AMOs are

assigned prime beneficiaries based on multiple factors which include geographical proximity, workload etc. An AMO is the first level treatment provider to the linked beneficiaries. An AMO is paid monthly Honorarium based on number of linked Prime Beneficiaries. An AMO (Allopathic) is also paid service charges for dressing, suturing etc., based on rates fixed from time to time. Beneficiaries are to be referred for Specialist consultation only to the panel Specialists or to the recognized hospitals/nursing homes. Similarly, the beneficiaries are only to be referred to empanelled Diagnostic centers and pathological laboratories. AMOs may visit the patient at his/her residence wherever they consider necessary. However, there is no provision for payment of any charges to the AMOs for such visits.

3. Eligibility

An AMO (Authorized Medical Officer), Allopathic should possess MBBS Degree from recognized university and must have at least 3 years post qualification experience. An AMO shall be registered with Medical Council of India (MCI) and/or State Medical Council. Applying doctor must have his/her own consulting room/clinic with necessary facilities. Maximum prescribed age for an AMO is 75 years. Empanelment of an AMO shall be valid for 5 years from date of empanelment. Empanelment shall be based on evaluation on multiple parameters as decided by the competent authority.

4. **Cashless Services**

Prime Beneficiaries under SCHS shall be attached to an AMO, who shall provide cashless services to the SCL prime beneficiaries and their dependents who are issued SCHS card. An AMO shall only cater to the attached prime beneficiaries under SCHS and their dependents having a valid SCHS card. Except under directions of Head P&GA, AMO shall not attend any member of SCHS other than those attached with the AMO. SCL shall pay a monthly Honorarium to the AMOs based on Prime Beneficiaries attached; attachment shall be based on factors like proximity, workload etc as decided by Head P&GA.

5. **Monthly Honorarium**

Monthly Honorarium shall be paid based on linked Prime Beneficiaries

Number of Prime Beneficiaries	Monthly Honorarium
10-50	Rs. 12000/-
51-100	Rs. 15000/-
101-150	Rs. 18000/-
151-200	Rs. 21000/-
201-250	Rs. 24000/-
251-300	Rs. 27000/-
301-350	Rs. 30000/-
351-400	Rs. 33000/-
401 and above	Rs. 36000/-

An AMO will not be entitled for any other perks or allowances.

6. Geographical Locations

AMOs are required in the following geographical locations.

Geographical Location	Requirement
Mohali	4
Chandigarh	2
Panchkula	2

7. General Guidelines to Applicants

- Do not change the format of the Application and nomenclature etc. Use remarks column for any other information.
- As part of the evaluation exercise, SCL representative may at its discretion visit the premises of AMOs for an on-spot assessment.
- Photo copy of PAN Card to be attached to the Application.
- Latest Photograph of the AMO to be affixed 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 in respect SCHS beneficiaries.
- Services may be terminated by giving notice of one month by either side in writing.

8. Monitoring & Medical Audit

SCL reserves the right to visit the AMOs at any time to verify compliance to the SCHS requirements. AMOs found indulging in any

corrupt, fraudulent or unethical practice shall be removed from the empanelment and disqualified for future empanelment under SCHS.

9. Application Submission Date

The last date of receipt of applications at SCL is **15 days from the date of advertisement**. Application is to be sent to Head, P&GA, Semi-Conductor Laboratory, Sector 72, S.A.S. Nagar in a sealed envelope superscripted '**Application for Empanelment of AMO (Allopathic)**' or via email at schs_admin@scl.gov.in

10. Relaxation

Director General, SCL has full powers to relax any of the eligibility conditions, alter the requirement of AMOs area wise or overall or modify any of the working conditions. Decision of Director General, SCL shall be final.

**Semi-Conductor Laboratory
S.A.S. Nagar**

Photo of
AMO
(Self Attested)

APPLICATION FORM FOR AMOs

1.	Name of Doctor	
2.	Date of Birth (Proof to be enclosed)	
3.	Address with Telephone/ Email/Website	
4.	Qualifications (Self Attested Proof to be enclosed)	
5.	Establishment Date (Medical Facility).	
6.	Registered with MCI or State Medical Council, attach self attested copy	
7.	Details of Accreditation, if any.	
8.	Experience	
9.	Details of other Empanelment	

10.	Whether already empanelled with SCL Health Scheme	
11	Fees being Charged from General Public	
12.	Clinic Timings (Morning & Evening)	
13.	Capacity of waiting Area for Patients	
14.	Other facilities/information, if any.	

I hereby confirm and declare that all the information given above is correct, any discrepancy found at later stage holds me liable for disqualification. I have never been debarred/penalized by MCI / State council.

Signature of Doctor

Name:

Date:

Stamp