**To be submitted on an official letter head of the applicant hospital**

Annexure - *Medical Staff*

**DETAILS OF MEDICAL STAFF EMPLOYED IN THE HOSPITAL**

**(A) SENIOR AND JUNIOR CONSULTANTS :**

|  |  |  |  |
| --- | --- | --- | --- |
| **Department** | **Name of faculty** | **Qualification**  (With Area of Specialization) | **Status of faculty**  **(Full time/ Part Time)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**(B) SENIOR RESIDENTS :**

|  |  |  |
| --- | --- | --- |
| **Department** | **Name of faculty** | **Qualification**  (With Area of Specialization) |
|  |  |  |
|  |  |  |
|  |  |  |

**(C) JUNIOR RESIDENTS/MEDICAL OFFICERS :**

|  |  |  |
| --- | --- | --- |
| **Department** | **Name of faculty** | **Qualification** |
|  |  |  |
|  |  |  |
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**Signature with official stamp of Administrative Head of the Institute/Hospital**

*(Authorized signatory on behalf of applicant hospital*

Date : …………………….

Place : ……………………….