



GOVERNMENT OF INDIA
OFFICE OF THE DIRECTOR GENERAL OF CIVIL AVIATION
OPP. SAFDARJUNG AIRPORT, NEW DELHI -110 003

PUBLIC NOTICE

Reference No: AV/22025/26/DMS/Med
Dated : Jul 2017

Sub: **EXTENSION OF EMPANELMENT OF CLASS I MEDICAL EXAMINER**

Applications are invited from DGCA Empanelled Class I Medical Examiners for extension of Empanelment. Class I Medical Examiners who have completed two and half years or more of empanelment may apply to Medical Cell, DGCA HQ, Aurobindo Marg, New Delhi – 110003 as per enclosed format.

The envelope shall be superscribed 'Application for Extension of Empanelment of Class I Medical Examiner'. Application by Email/Fax shall not be accepted. Kindly refer CAR on Empanelment of Medical Examiners for conduct of Class I Medical Examination dated 23 Jun 17 for further details.

The last date of receipt of application form is 31 Jul 17.

Director General of Civil Aviation

**APPLICATION FOR EXTENSION OF EMPANELMENT
FOR CLASS I MEDICAL EXAMINERS**

1. Name of the Applicant :
2. Father's Name :
3. Date of Birth :
4. Address :

Passport Size
photograph to
be pasted

5. Address of Medical Facility:

6. Whether Medical Facility is Owned or Rented:
7. Email :
8. Phone/Mobile No :
9. Presently Employed with :
10. Academic Qualification :

S No	QUALIFICATION	MEDICAL COLLEGE	UNIVERSITY	YEAR OF PASSING
1.	MBBS			
2.	MD (MEDICINE / AVIATION MEDICINE)			

11. Training in Aviation Medicine :
(Not Mandatory if MD in AVIATION MEDICINE)

12. Other Qualifications if any :

13. MCI/State Medical Council Registration No :

14. Experience

S No	Medical Centre/ Institution/Experience as	PERIOD		TOTAL PERIOD
		FROM	TO	
1.	IAM/AFCME/MEC (E) Specify-----			
2.	DGCA			
3.	DGCA Approved Class I Medical Centre Specify-----			
4.	Scheduled Airline Specify-----			
5.	Class II Medical			

	Examiner			
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15. DGCA Empanelled Class I Medical Examiner Since :

16. DGCA Registration Number:

17. Co-opted Lab Details:

S NO	Lab Name	Whether NABL Accredited	Email	Address	Contact Number

18. Co-opted Specialists/Consultant Details :

S No	Name	Specialization	Qualification	Address	Contact Number/Email

19. Physical Workshop/E-workshop details:

S No	Physical Workshop/ E-Workshop	Date	Venue

Declaration:

I, hereby declare and undertake that the information provided, statement made along with documents provided in this application are true and correct to the best of my knowledge and belief. I, further declare and undertake that no information/ document relevant herein have been withheld or concealed. I understand that in case I have made any false or misleading statement or submitted any forged document while applying for the empanelment, the competent Authority may reject my application or withdraw my empanelment without prejudice to initiation of suitable actions as per the existing regulatory framework including institution of legal proceedings as applicable.

Place:

Date:

Signature of the Medical Examiner

List of documents to be attached:

- (a) Self attested Copy of MBBS Certificate
- (b) Self attested Copy of PG Certificate
- (c) Self attested Copy of Training in Aviation Medicine Certificate (If required)
- (d) Self attested Copy of MCI/State Medical Council Registration Certificate
- (e) Self attested Copy of Experience Certificate
- (f) Self attested Copy of Physical Workshop/E-Workshop attending certificate
- (g) Self attested Copy of NOC from Employer (if required)

(h) Self attested Copy of NOC from Owner of the Medical Facility (if required)

