



National Company Law Tribunal Chennai Bench
Ministry of Corporate Affairs, Government of India,
Corporate Bhawan, 3rd Floor, No.29, Rajaji Salai, Chennai – 600 001

File No.10/20/2025

Date : 08.05.2025

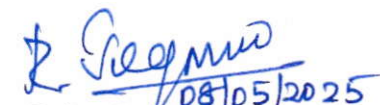
**CALLING FOR WILLINGNESS FOR APPOINTMENT AS
AUTHORISED MEDICAL ATTENDANT (AMA)**

The National Company Law Tribunal (NCLT) was constituted by the Government of India under Section 408 of the Companies Act, 2013 (18 of 2013), and has been functioning as a quasi-judicial body under the Ministry of Corporate Affairs since 1st June 2016.

NCLT Chennai Bench is seeking willingness for eligible Registered Medical Practitioners for being considered to be appointed as **Authorised Medical Attendants (AMA)** as per the Central Services (Medical Attendance) Rules, 1944.

Interested Registered Medical Practitioners may submit duly completed proforma attached along with this notice.

Applications completed in all respects should reach “**NCLT Chennai Bench, Corporate Bhawan, 3rd Floor, No.29, Rajaji Salai, Chennai – 600 001**” within 10 days from the issuance of this notice.


Joint Registrar
NCLT Chennai

To

The Head of the Department,
National Company Law Tribunal,
Corporate Bhawan, 3rd Floor,
No.29, Rajaji Salai, Chennai – 600 001

Sub : Empanelment for AMAs for the year 2025-2026 under CS(MA)
Rules 1944 for eligible officials of NCLT Chennai Bench

Sir,

I am willing to get empanelled as Authorized Medical Attendant (AMA) for the year 2025-26 under CS(MA) Rules 1944 for NCLT Chennai Bench for a period of one year from (1st July 2025 to 30th June 2026).

Abiding the terms and conditions under CS(MA) Rules 1944.

Thanking you,

Yours sincerely,

Dr. _____

MCI No. _____

(to be filled by the concerned doctor in duplicates)

VERIFICATION FORM FOR APPOINTMENT OF AUTHORIZED MEDICAL ATTENDANT

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.