



सत्यमेवजयते

भारतसरकार
GOVERNMENT OF INDIA
 वित्तमंत्रालय, राजस्वविभाग
MINISTRY OF FINANCE
DEPARTMENT OF REVENUE
 प्रधानआयुक्तकार्यालय, सीमाशुल्क (निवारक)
OFFICE OF THE COMMISSIONER OF CUSTOMS (P) JAMNAGAR

e-mail: acct-custjmr@nic.in

By Email/Speed Post

F.No. CUS/Actt/22/33/2022-Accts

Date: 09.07.2025

INVITATION OF APPLICATIONS FROM REGISTERED PRIVATE MEDICAL PRACTITIONERS FOR APPOINTMENT AS “AUTORISED MEDICAL ATTENDANTS”

Applications are invited from registered private medical practitioners, practicing in the district of Jamnagar, Bhavnagar and Porbandar for appointment as Authorised Medical Attendants (AMA) for the benefit of the employees of Customs (Preventive) Commissionerate, Jamnagar and their family members.

02. The private registered medical practitioner has to be qualified in the modern system of medicine holding a qualification recognised under the Indian Medical Council Act, 1956.

03. The private registered medical practitioner when appointed as authorised medical attendant should be required to follow, strictly, the rules and order issued under the CS (MA) Rules, 1944. They may particularly be required to note the salient points set out in the Appendix-XI of CS(MA) Rules, 1944 “Instructions of Doctors”.

04. The AMA who are appointed /renewed as per this Office Orders dated 06.09.2024 and 05.11.2025 both issued vide F. No. CUS/Actt/22/33/2022-Accts wish to continue as AMA has to apply in Annexure-A along with declaration for he/she need not fill up any other Form/Annexure.

05. The private registered medical practitioner desired to be as AMA has to fill up the verification form, convey willingness in the prescribed format, affidavit in the prescribed format (Annexure-B to Annexure-D).

06. The instructions and all Annexures are available on the official website of this office viz. www.customsjamnagar.gov.in which may be downloaded.

07. Last date for receipt of applications in this office is 21.07.2024. The application received thereafter will not be entertained.

08. This issues with the approval of the Commissioner of Customs (Prev.), Jamnagar

Digitally signed by
Ketan Bhagawanjibhai Ganatra Chief Accounts Officer
Date: 11-07-2025 17:11:23 Customs (Prev.), HQ, Jamnagar

Copy to:

1. The Dy./Asst. Commissioner, Customs Division Jamnagar/Bhavnagar/ Porbandar for information and necessary action please.
2. The Superintendent(Adm.), HQ, CCP Jamnagar with a request to publish in local news paper.
3. The Superintendent(Systems), HQ, CCP Jamnagar with a request to upload in official website.
4. Notice Board.

ANNEXURE-A

To,
The Commissioner,
Customs (Prev.) Commissionerate,
Jamnagar

Subject: Willingness to renewal/continue as AMA-M/r.

Sir/ Madam,

I, the undersigned Dr. _____ would like to continue as “Authorized Medical Attendant” for the future period till the authority decided for the employees of Customs (Preventive) Commissionerate, Jamnagar and their family members.

Place.....

Date..... (Signature)

Name:

Seal.....

ANNEXURE-B

(To be given on non-judicial stamped paper of the appropriate value)

DECLARATION

I, S/o....., residence of District..... do hereby solemnly declared and affirm-

- (i) that I am registered with the State Medical Council of the State of under medical Council Act/Indican Medicine Central Council Act/Homeopathy Central Council Act and that my Registration No. is.....
- (ii) that I have gone through..... 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 and that my nomination could be terminated at any time by the nominating authority without assigning any reasons or giving any notice.

Place.....

Date.....

Signature of Registered

Medical Practitioner

Attested.....

APPENDIX – XI

INSTRUCTIONS FOR DOCTORS

1. The provisions of the Medical Attendance Rules and Orders issued from time to time should be strictly observed. The following points should be particularly noted:—

- (1) Pathological, Bacteriological, Radiological or other methods of examination for the purpose of diagnosis should be carried out at a Government hospital or laboratory.
- (2) A patient should not be referred to a private Specialist, except where specifically provided for in Government orders and under no circumstances to a Specialist or Medical Officer, Government or private, outside the State.
- (3) A patient should not be admitted to a hospital or nursing home which does not come within the scope of the rules or which has not been recognized for the purpose of the rules.
- (4) Dental treatment when it is obtained at a Government hospital under the advice of the Authorized Medical Attendant is covered by the Medical Attendance Rules, as provided for in Government of India's Decision in Section 1.
- (5) Utmost economy should be exercised while prescribing medicines. Where cheaper medicines of equal therapeutic value are available, only those should be prescribed.
- (6) Medicines should not be prescribed for all the 10 days at a stretch. The daily dosage should be indicated in the prescriptions.
- (7) Prescription of phials towards the end of the 10 days' period should be avoided, if possible.
- (8) While signing medical bills, never certify items of foods, tonics having more food value, disinfectants and other similar preparations as essential.
- (9) Reimbursement of the cost of Ayurvedic, Unani, Siddha and Homoeopathic medicines is also admissible.
- (10) Essentiality Certificates in respect of medicines should be granted in the prescribed form and should legibly show (preferably in block letters) the names of the medicines prescribed and the amount incurred on the purchase of each medicine.
- (11) List of items of medicines for which refund is not admissible under the Medical Attendance Rules are issued by the Ministry of Health from time to time. The items mentioned in these lists as well as foods, toilets, disinfectants, appliances or dressing should not be included in the Essentiality Certificates. Their cost will not be reimbursed to Government servants even if prescribed by the Authorized Medical Attendants. The list issued by the Ministry is

illustrative only. The AMA will decide the admissibility of a new medicine / preparation.

- (12) Payments received from Central Government servants or members of their families, on account of fees for consultation, administration of injections, etc., should be indicated in the body of the Essentiality Certificate itself, *vide* Clauses (a) and (b) of Form 'A'. A revenue stamp should be affixed on the Essentiality Certificate itself if the amount received exceeds ₹ 20.
- (13) The designation and degree should be clearly indicated while signing the reimbursement papers.

2. The following principles should be observed:—

- (1) For the purpose of 'medical attendance', as distinct from 'medical treatment', there should be no need for repeated consultations which include 'repeat' prescriptions. In such cases up to 4 consultations at the rate of one consultation, a day should be sufficient.
- (2) Treatment at a consulting room should be limited to the administration of injections only.
- (3) Cases requiring prolonged treatment should be admitted to hospitals unless hospitalization is definitely not necessary in any particular case.
- (4) If hospitalization is not considered necessary but the treatment is expected to be prolonged requiring many consultations and several injections spread over a period of more than 10 days, the patient should be referred to the out-patient department of a Government / recognized hospital at the earliest.
- (5) Hospitalization should be advised in cases where it is required, and if, in spite of the specific advice of the Medical Officer, a patient does not seek admission into hospital, the Medical Officer concerned should record a note to that effect while signing or countersigning the bills, certificates, etc., necessary to be produced by the Government servant for the purposes of claiming refund from Government. In such cases, no refund would be admissible.
- (6) In cases which are definitely not prolonged, treatment (limited to the administration of injections only), during medical attendance may be given spread over a period not exceeding 10 days. In such cases, normally 10 injections in a period of 10 days should suffice. These limits may be exceeded slightly (not exceeding 5), viz., 15 injections spread over a period of 10 to 15 days (or even more days depending on the condition or ailment of the patient as in the opinion of the Authorized Medical Attendant is essential for the recovery of the patient) at the discretion of the Authorized Medical Attendant.

- 3. If a Central Government servant or a member of his family is not entitled to the services of the Medical Officer whom the patient consults, he should direct the patient to the proper Authorized Medical Attendant.

No.S.14025/53/2008-MS
Government of India
Ministry of Health and Family Welfare
313, 'D' Wing, Nirman Bhawan, New Delhi – 110108
Email: so2ms-mohfw@nic.in

Dated 9/2 February,2009.

OFFICE MEMORANDUM

Subject: Proforma for the verification of Character and antecedents of doctors to be appointed as Authorised Medical Attendants under CS(MA) Rules, 1944- regarding.

The undersigned is directed to invite reference to Government of India's Decision 2(2)(f) below Rule 2 of CS(MA) Rules, 1944, wherein an arrangement for verification of antecedents of private doctors for appointment as Authorised Medical Attendants (AMAs) has been made. Now on receipt of a number of requests for a Proforma for such verification, this Ministry has prepared a following Proforma for verification and has decided to include it as **ANNEXURE "C"** in GID (2) below Rule (2) of CS (MA) Rules, 1944.

It is also clarified that on renewal of tenure of the doctors, who have already appointed as AMA after proper verification of antecedents through local police, the Proforma duly filled may be submitted. However there is no need to get it verified through the local police.



(Jai Prakash)

Under Secretary to the Government of India.

Tele:23061881.

Enclosures: Proforma as mentioned above.

To,

1. All Ministries/Departments of Government of India.
2. All States/UTs Governments.
3. Office of the Comptroller and Auditor General of India, Bahadur Shah Zafar Marg, New Delhi-110002.
4. CMO(SRA), Dte.GHS.
5. DDG(M), Dte.GHS.
6. Dte.GHS (M.G.-II Section), with 50 spare copies.
7. All officers/Sections in the Ministry of Health & FW.
8. CGHS(P) Section.
9. Internal Finance Division, M/o Health & FW
10. Swamy Publishers (P) Ltd., P.B. No.2468, R.A. Puram, Chennai-600028.
11. Swamy Publishers (P) Ltd., 4855, 24, Ansari Road, Daryaganj, New Delhi.
12. Shri Umaraomal Purohit, Secretary, Staff Side, 13-C, Ferozshah Road, New Delhi-110001.
13. All Staff Side members of National Council (JCM).
14. NIC Division, Nirman Bhavan, New Delhi, with the request that same may be put on the website of this Ministry under the link of CS(MA) Rules.
15. Guard File of M.S. Section.

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.

TO WHOMSOEVER IT MAY CONCERN

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

Signature of Registered
Medical Practitioner wit Stamp

