



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

PUBLIC NOTICE

Reference No: AV/22025/16B/DMS/Med
Dated: 27th February 2019

Subject: **EMPANELMENT OF CLASS 2 MEDICAL EXAMINER**

1. Applications are invited for fresh DGCA Empanelment as Class 2 Medical Examiners.
2. Prior to applying, all applicants must ensure that all requirements mentioned in CAR Section 7, Series C, Part IV Issue 1 on 'Empanelment of Medical Examiners for Conduct of Class 2 Medical Examination' dated 25 Jan 19, which is readily available on DGCA website, are met.
3. All existing DGCA Class 2 Medical Examiners are also requested to apply afresh for DGCA Re-empanelment as Class 2 Medical Examiners with all requisite documents, mentioned in CAR Section 7, Series C, Part IV Issue 1 on 'Empanelment of Medical Examiners for Conduct of Class 2 Medical Examination' dated 25 Jan 19.
4. The applications are to be made in the format annexed with this notice.
5. The envelope shall be superscribed 'Application for Empanelment of Class 2 Medical Examiner' and shall be sent to Director Medical Services (Civil Aviation), Medical Cell, DGCA HQ, Aurobindo Marg, New Delhi – 110003 as per enclosed format. Application received by Email/Fax shall not be accepted.
6. The last date of receipt of application form is 31 Mar 2019.

Director General of Civil Aviation

APPLICATION FOR DGCA EMPANELMENT
AS CLASS 2 MEDICAL EXAMINER

Recent
Passport Size
Photograph to
be pasted

APPLIED FOR EMPANELMENT/RE-EMPANELMENT

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

5. Address of Medical Facility:

6. Whether Medical Facility is owned or rented :
(In case of Rented kindly provide copy of rent agreement)
7. Email id (In Capital Letters only) :
8. Phone/ Mobile No :
9. Presently Employed with :
10. Academic Qualification :

Sl. No	Qualification	Medical College	University	Year of Passing
1.	MBBS			

11. Training in Aviation Medicine :
(Details of course attended with date)
12. Other Qualifications, if any :
13. MCI/ State Medical Council Registration No :
14. Experience (if any):

Sl. No	Medical Centre/ Institution/ Experience as	PERIOD		TOTAL PERIOD
		FROM	TO	
1.	IAM/AFCME/MEC (E) Specify-----			

2.	DGCA			
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15. Co-opted Specialists/Consultant Details :

Sl. No	Name	Specialization	Qualification	Address	Contact Number/Email

16. Co-opted Lab Details:

Sl. No	Lab Name	Whether NABL Accredited	Email	Address	Contact Number

17. Whether you have been previously employed as DGCA Class 1 or 2 Medical Examiner?

(If Yes, kindly provide the below mentioned details)

Yes/No

(a) Whether you have ever been debarred or issued a show cause notice with regard to professional misconduct/proficiency related issues during your empanelment period? **Yes/No (If Yes, kindly provide the copy of Notice/order/letter of DGCA)**

(b) Kindly provide the details of E-Workshops/Physical Workshops attended by you during the period of empanelment?

Sl. No	Physical Workshop/ E-Workshop	Date	Venue

(c) Kindly provide the statistical data of medical examination conducted by you in the year 2018 as mentioned below?

Sl. No	Month	Fit	Temporary Unfit	Permanent Unfit	Total

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 Doctor

List of documents to be enclosed:

- (a) Self attested Copy of MBBS Certificate
- (b) Self attested Copy of Training in Aviation Medicine Certificate
- (c) Self attested Copy of MCI/State Medical Council Registration Certificate
- (d) Self attested Copy of Experience 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)

Note:

1. The DGCA Class 1 Medical Examiners who are presently empanelled as Class 1 Medical Examiner and willing to apply for empanelment as Class 2 Medical Examiner can apply as per above mentioned format.
2. The applications of Class 2 Medical Examiners who are already empanelled with DGCA and have not submitted the monthly Statistical Data for the year 2018 will not be considered.
3. Application sent through Email/Fax shall not be accepted.
4. The application shall be addressed to 'Director Medical Services (Civil Aviation), Medical Cell, Directorate General of Civil Aviation, Opp. Safdarjung Airport, New Delhi 110003.