

Empanelment of private practitioner for male/female sterilization at public facility

This is to inform that Dr ,having educational qualification as and registered as medical practitioner vide Regn nois hereby empanelled to perform the male /female sterilization services at the public facility as and when required as per the prevailing policy.

This empanelment is valid till or as further informed by the undersigned.

(Signature of the District Civil Surgeon)

Date.....

Name.....

Place.....

(Office seal)