

Check list for availing diagnostic test at approved diagnostic centre of ICAR-NINFET

Sl. No.	Particulars	Details
1.	Name of patient	
2.	Relationship with the employee/Pensioner	
3.	NINFET Medical Card No.	
4.	Name of Doctor	
5.	Details of test(s)	
6.	Date of prescription	
7.	Whether NINFET/ICAR Institutes approved doctor	
8.	Whether AMA/Doctor of Central/State Govt./Municipality hospital	
9. (a)	Whether doctor of NINFET approved hospital	
9. (b)	Whether doctor of approved clinical unit/dept of NINFET approved hospital	

Date:.....

(.....)
Signature of the applicant

Name of Applicant:

Mobile No.

E-mail:

.....
(To be filled by the Office)

Status of Doctor: ICAR approved MO/AMA/Central/State Govt./Municipality Hospital/NINFET approved Hospital

Checked by

Verified by

Comments of FAO, ICAR-NINFET

(Approved/Not approved)