

Doctor Agreement

Date: 04/10/2025

This agreement is made between:

Doctor Details	Information
Name	Suryakala Yadav
Registration No.	51277
Specialty	Pulmonologist / Chest Physician
Email	user@example.com
Mobile	9930843327

Terms and Conditions

- 1. The doctor agrees to provide medical services as per the agreed terms.
- 2. The agreed compensation amount is Rs. 0.
- 3. The doctor confirms their credentials and qualifications as stated above.
- 4. The doctor agrees to maintain patient confidentiality and follow medical ethics.
- 5. This agreement is valid from the date of signing.

Doctor's Signature: _____

Date: 04/10/2025

This is a computer-generated document and does not require a physical signature.