

## Health Department, Chandigarh

### Application for Bulk Account Creation for MedLEaPR

(The completed application form, duly signed by the concerned Nodal Officer of your state)

#### Contact Detail

Nodal officer MedLEaPR, Chandigarh  
O/o Director of Health Services, Chandigarh  
General Hospital , Sector 16,  
Chandigarh

*Please use CAPITAL LETTER. (Head of Institution/MS/SMO)*

*\* Marked field are Mandatory*

1. Name of the Applicant\* : \_\_\_\_\_

2. Designation\* : \_\_\_\_\_

3. Doctor Registration Detail\*: \_\_\_\_\_

(e.g: reg\_No/MCI/issueDate or e.g.: reg\_no/SMC/State/issueDate )

4. Min./Dept./Org\* : \_\_\_\_\_

5. Name of Health Institution\*: \_\_\_\_\_

6. Category/Type of Institution: GH/Medical College/CHC/PHC/Dispensary/Other\*

7. Health Institution address\*: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

a) District: \_\_\_\_\_ b) State: \_\_\_\_\_ c) Pin code: \_\_\_\_\_

8. Address for correspondence\*: \_\_\_\_\_

\_\_\_\_\_

**a) District:** \_\_\_\_\_ **b) State:** \_\_\_\_\_ **c) Pin Code:** \_\_\_\_\_

**9. Telephone Number: (O)\*\_\_\_\_\_ (R) \_\_\_\_\_ Mobile:\_\_\_\_\_**

10. E-mail address of the applicant\*: 1. \_\_\_\_\_

2. \_\_\_\_\_

**Signature of HOD of Institution with Date**

### Approval of Nodal officer for creation of user

(MedLEaPR, Chandigarh)

## NIC-Chandigarh

**List of Doctor Performing MLR/PMR in your institution: (use additional page if necessary in same format):-**

[illegible]