

Health Department, Punjab

Application for Bulk Account Creation for MedLEaPR

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

Contact Detail

State Nodal officer MedLEaPR, Punjab
Room No : 101, Ground Floor
Directorate Health & Family Welfare
Parivar Kalyan Bhawan, Sec - 34/A, 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, Punjab)

NIC-Punjab

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

SrNo	Full Name	Designation	Specialty	Doctor Registration Detail e.g : reg_No/MCI/issueDate or e.g: reg_no/SMC/State/issueDate	Email	Contact (Mobile)	Correspondence address	Signature With Date

- *Note :**
- 1. Column 1 - 10 should be filled with the detail of the SMO/HOD of the institute.**
 - 2. Email id and mobile number of the doctor is mandatory.**
 - 3. Send the detail of the doctors (name, registration no, email and mobile) in excel sheet also to avoid any data entry mistake.**