

APPLICATION FORM
State Health Society
NATIONAL HEALTH MISSION, UT OF LADAKH

1. Advertisement Notice No: _____ Post applied for _____
2. Name of Candidate _____
3. Parentage (Father/Mother Name) _____
4. Date of Birth _____
5. Address _____
District _____, Block _____
6. E-mail/ Contact No. _____
7. Registration Number:- _____ Date:- _____ Place:- _____



Academic Details:

DEGREE	Examining Body/ University	Year of passing	Marks obtained	Total marks	% age
MBBS					
Post Graduation					

Experience details:-

Name of the Institution	Numbers of Years

8. **List of Supporting Documents for Consultant**
 - A. Address Proof:- Passport/Aadhar card/Pan card
 - B. MBBS Degree from Recognized institution
 - c. Post Graduate degree for recognized institution
 - C. Registration Certificate as consultant from Indian Medical Council
 - D. Experience certificate

The Statements in this application are true to the best of my knowledge and belief.

Signature of applicant