

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

1. Advertisement Notice No: \_\_\_\_\_
2. Post applied for. \_\_\_\_\_
3. Name of Candidate \_\_\_\_\_
4. Parentage \_\_\_\_\_
5. Date of Birth \_\_\_\_\_
6. Address \_\_\_\_\_  
District \_\_\_\_\_, Block \_\_\_\_\_
7. E-mail/ Contact No. \_\_\_\_\_
8. Registration Number:- \_\_\_\_\_ Date:- \_\_\_\_\_ Place:- \_\_\_\_\_
9. Academic Details:



**MEDICAL OFFICER**

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

**CONSULTANT**

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

**10.....Experience details:-**

**Medical Officer (MBBS)**

Name of the Institution	Numbers of Years

**Consultant**

Name of the Institution	Numbers of Years

10. List of Supporting Documents for Medical Officer, (MBBS)
  - A. Address Proof:- Passport/Aadhar card/Pan card
  - B. MBBS Degree from Recognized institution
  - C. Registration Certificate from Indian Medical Council
  - D. Experience certificate
11. 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