

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

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



**A) MEDICAL OFFICER**

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

**B) CONSULTANT**

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

**C) PHARMACIST**

DEGREE/Diploma	Examining Body/ University	Year of Passing	Marks obtained	Total marks	%age
Pharmacist					

**Experience details:- Medical Officer (MBBS)**

Name of the Institution	Numbers of Months/Years

**Experience details:-Consultant**

Name of the Institution	Numbers of Months/Years

8. **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
9. **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  
**D.** Registration Certificate as consultant from Indian Medical Council **E.** Experience certificate
10. **List of Supporting Documents for Pharmacist**  
**A.** Address Proof:- Passport/Aadhar card/Pan card **B.** Pharmacist Degree/Diploma from  
Recognized institution **C.** Registration Certificate from Pharmacy Council. **D.** Marks Cards

Sig. of Candidate