

Health Department, Haryana

Application for **Bulk Account Creation for MedLEaPR** (<http://medleaprhy.gov.in/>)

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

(emailID at hry.nic.in does not allow zip.rar attachment)

Contact Detail

Nodal officer MedLEaPR, Haryana
O/o DGHS, Haryana
Sector 6 , Panchkula, Haryana
dhs.dghs@hry.nic.in , support-medleapr@nic.in

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: _____

