

**Directorate of Health Services, Madhya Pradesh**  
**Application for Bulk Account Creation for MedLEaPR**  
(The completed application form, duly signed by the concerned Nodal Officer of state)

*Please use CAPITAL LETTER. (CMHO/CS/MO/SPECIALIST)*  
*\* Marked field are Mandatory*

1. Name of the Applicant\* : \_\_\_\_\_
2. Designation\* : \_\_\_\_\_
3. MCI Registration Detail : Registration No .....  
Date of registration\*.....
4. Department Name\* : \_\_\_\_\_
5. Name of Institution\* : \_\_\_\_\_
6. Category/Type, of Institution: DH/CH/CHC/PHC/Dispensary/Other\*
7. Health Institution address\* : \_\_\_\_\_  
District: \_\_\_\_\_ Pin code: \_\_\_\_\_ State: \_\_\_\_\_
8. Correspondence Address\* : \_\_\_\_\_
9. Telephone Number: (O)\* \_\_\_\_\_ Mobile: \_\_\_\_\_
10. E-mail address of the applicant\*: 1. \_\_\_\_\_  
2. \_\_\_\_\_
11. Aadhaar No. of the Applicant : \_\_\_\_\_
12. Name of the Police Station in which the Health Institution is situated \_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant with Date

Signature of CMHO/CS  
with Date and seal

Approval of Nodal officer for creation of user  
(MedLEaPR, Madhya Pradesh)