

## Health Department, Punjab

### Application for **Bulk Account Creation for MedLEaPR**

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

#### Contact Detail

State Nodal officer MedLEaPR, Punjab  
Room No : 101, Ground Floor  
Directorate Health & Family Welfare  
Parivar Kalyan Bhawan, Sec - 34/A, Chandigarh

*Please use CAPITAL LETTER. (Head of Institution/MS/SMO)*

*\* Marked field are Mandatory*

1. Name of the SMO/HOD\* : \_\_\_\_\_
2. Designation\* : \_\_\_\_\_
3. Doctor Registration Detail\* : \_\_\_\_\_ (e.g: reg\_No/MCI/issueDate)
4. Min./Dept./Org\* : \_\_\_\_\_
5. Name of Health Institution\* : \_\_\_\_\_
6. Category/Type of Institution: CH/Medical College/SDH/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: \_\_\_\_\_

9. Telephone Number: (O)\* \_\_\_\_\_ (R) \_\_\_\_\_ Mobile\*: \_\_\_\_\_

10. E-mail address of the applicant\*: 1. \_\_\_\_\_

2. \_\_\_\_\_

**Detail of Doctor (to be registered on MedLEaPR Portal): Use additional page if necessary in same format:-**

| SrNo | Full Name* | Designation* | Specialty | Doctor Registration Detail*<br>e.g :<br>reg_No/MCI/issueDate<br>or e.g:<br>reg_no/SMC/State/issueDate | Email* | Contact*<br>(Mobile) | Address | Signature*<br>With<br>Date |
|------|------------|--------------|-----------|---|--------|----------------------|---------|----------------------------|
|      |            |              |           |   |        |                      |         |                            |
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|      |            |              |           |   |        |                      |         |                            |
|      |            |              |           |   |        |                      |         |                            |
|      |            |              |           |   |        |                      |         |                            |

**Signature of the SMO/HOD with Date and Stamp**

**Approval of State Nodal officer (MedLEaPR Portal)**

**Instructions:**

1. Personal Email ID and Mobile No of the Doctor are mandatory.
2. The Registration number along with the Name of Medical council with State Name and Date of registration (eg: 1234 / PMC / Punjab / 01-01-2020) in registration detail of the Doctor (who's id is to be created) is mandatory.
3. The detail of the doctors asked in the above table should be sent in an excel sheet (soft copy) so that the data can be copy pasted to avoid any data entry mistake.
4. The detail of the User ID and Password will be shared via Email and SMS. Users are requested to kindly change the password after login.
5. Signature with stamp of SMO/HOD is mandatory on any extra sheet attached along with this form.
6. The signed form along with the excel sheet should be sent to [support-medlearp-pb@nic.in](mailto:support-medlearp-pb@nic.in) and [mlrpmrpb@gmail.com](mailto:mlrpmrpb@gmail.com)

Website URL: [www.medlearp.punjab.gov.in](http://www.medlearp.punjab.gov.in)