

## **APPLICATION FORM FOR REGISTRATION AS A SWASTHYA MITRA**

SR. No : **MHC/38/**

1. Applicant's name:
2. Father's Name:
3. Date of Birth : Sex:
4. Qualification :

Class	Board /Institute/College	Passing Year	Subject

6. Working experience, if any Give supporting documents: YES/NO
7. Self-Experience in Health (any specialization): Year-
8. Any Health Certificate : YES/NO
9. Contact No. : Mobile .....Tel. No. ....
10. Address for correspondence: .....  
.....  
City.....State.....Pin.....
11. Nationality:
12. Religion:
13. How you know to MAX HEALTH CENTRE: (1) By Friend (2) By Reference
14. Identity Proof: (1) Election ID (2) Aadhar Card (3) PAN Card (4) Passport
15. Are you agreeing to participate in Health training Program (RED CROSS SOCIETY): YES/NO.

Photo

I hereby declaring that the above said health centre is unit of ABMCKS. I am agree with the terms & condition of MHC and agree to abide by them. I will follow all rules & regulation of MHC which mentioned in its certificates. If we not follow it, I will solemnly responsible. I am agree to run our clinical centre as Primary Health Centre in our area.

Date of submission :

Signature of Applicant

Registration No.....

Receipt No. ....