



National Health Mission, Uttarakhand

UKHFWS, Directorate of Medical Health & Family Welfare
Danda Lakhond, Post Gujrada, Sahastradhara Road, Dehradun

Declaration format for counseling of MLHP (TEE – Jul 2019)

1. Name (In Capital Letters)		Paste Passport Size photograph here
2. Enrollment No.		
3. Date of Birth	4. Sex (M/F)	
Choice of District (in order of preference)		
S. No.	District	
1		
2		
3		
4		
5		
6		
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8		
9		
District selected in Counseling (for Office Use only)		

Declaration

Iaffirm that the information above is true and correct. I hereby declare that I have selected the above district for posting as MLHP in Health & Wellness Centre on my own.

Date:

Place:

Signature of Candidate