

**GOVERNMENT OF NAGALAND
NAGALAND HEALTH PROTECTION SOCIETY
DEPARTMENT OF HEALTH & FAMILY WELFARE
NAGALAND: KOHIMA**

APPLICATION FORM FOR MEDICAL AUDITOR/ CLAIM ADJUDICATOR

Ph. No.....

(PASSPORT PHOTO
OF THE
CANDIDATE)

1. Name in full (in block letter) : _____
2. Father's Name : _____
3. Date of Birth : _____
(As per HSLC admit card)
4. Age (as on 31.01.2026) : _____ Years _____ Months _____ Days
5. Educational qualification : (From Cl. 10 onwards).

Sl. No	Qualification	Institute with full address	Year of passing

6. Work Experience : (provide work experience certificate as proof)

Sl. No	Worked as (designation)	Worked at (Name of the Health Institute/Organisation)	Years of experience	
			Years	Month

7. SMC/SDC/SNC Registration number : _____

8. Name of the village : _____ District _____

9. Name of the tribe : _____

10. Permanent address : _____

: _____

11. Present address : _____

: _____

Date : _____

Place : _____

(Signature of the Candidate)

Documents to be submitted:

1. Self-Attested Photocopy of SMC/SDC/ SNC registration certificate/ Internship Completion certificate from the institute.
2. Self-Attested Photocopy of Indigenous/Schedule tribe certificate.
3. Self-Attested Photocopy copy of Birth Certificate.
4. Self-Attested Photocopy of HSLC /HSSLC/Degree and aggregate marksheets.

Terms and conditions:

1. In case of any dispute arising during the process; the decision of the Board shall be final. Lobbying of any kind shall result in automatic disqualification of candidature.
2. Last date of submission: 12:00 Noon, 26/02/2026.
3. Shortlisted candidates information shall be available in the Notice board of Nagaland Health Protection Society and also published at <https://cmhis.nagaland.gov.in/>