**Prescribed Application form for Short Course on Neonatology**

**National Rural Health Mission Assam**

**To,**

**The Mission Director,**

**National Rural Health Mission, Assam, Saikia Commercial Complex, Christianbasti, Guwahati-5**

Name in BLOCK letters:

Date of Birth (DD/MM/YYYY):

Date of Joining Govt. service (DD/MM/YYYY):

Present place of posting with Designation:

Contact no.:

Email id:

Preference of Medical College (*please 🗸 tick in the box*):

 Assam Medical College Hospital, Dibrugarh

Gauhati Medical College Hospital, Guwahati

Silchar Medical College, Cachar

Jorhat Medical College, Jorhat

*I hereby apply for the short course on Neonatology training and shall abide by all rules and regulation of the training.*

*Forwarded by :*

Joint Director of Health Services Signature of the Applicant