

PRESCRIBED FORM OF APPLICATION
FOR THE POST OF
MEDICAL OFFICER (MBBS) - 1 YEAR RURAL POSTING
UNDER NRHM, ASSAM

Photo

Name of candidate (In Block Letters) :

Father's / Guardian's Name:

Address for Communication:

Vill./Town :

P.O. :

Dist. :

Pin code :

Phone No. :

E_mail Address :

Date of birth :

Name of Medical College from where

MBBS course passed :

Year of passing MBBS Course :

Details of Marks in the MBBS Course:

1 st MBBS			2 nd MBBS			Final MBBS (Part 1+Part2)		
Total Marks	Marks Obtained	Percentage	Total Marks	Marks Obtained	Percentage	Total Marks	Marks Obtained	Percentage

AMC Registration No.:

Whether interested to serve in difficult area – (Yes / No):

It is hereby declared that the above statements are true to the best of my knowledge and belief.

Date :

Place :

Signature of candidate