

**APPLICATION FORM FOR ADMISSION INTO TWO YEARS
DIPLOMA COURSE (MEDICAL) UNDER SSUHS**

Photo

Name of Doctor :

Designation :

Present place of posting :

Date of Birth :

Date of Joining as M&HO-1 :

Date of APSC regularization :

Name of Medical Colleges from where MBBS course passed :

Year of passing MBBS Course :

Contact No. :

E-Mail ID :

Details of Marks in the MBBS Course :

1 st MBBS Exam.				2 nd MBBS Exam.				Final MBBS Exam. (Part-1 + Part-2)				Total of All MBBS Exam.		
Total Marks	Marks Obtained	Percentage	No. of attempts to pass	Total Marks	Marks Obtained	Percentage	No. of attempts to pass	Total Marks	Marks Obtained	Percentage	No. of attempts to pass	Total Marks	Marks Obtained	Percentage

AMC Registration No. :

Subject preference :

1st :

2nd :

3rd :

4th :

5th :

Preference of Medical College :

Name of Medical College	Preference (1 st / 2 nd / 3 rd)
Jorhat Medical College & Hospital, Jorhat District	
Fakhrudding Ali Ahmed Medical College & Hospital, Barpeta District	
Tezpur Medical College & Hospital, Sonitpur District	

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

I shall abide by the rules and regulations of SSUHS and I have no objection for joining any place that will be offered to me after completion of two years diploma course.

Countersigned by -
Joint Director of Health Services cum Member Secretary,
District Health Society District

Signature of candidate

Date :

Place :

Date :

Place :