

PRESCRIBED FORM OF APPLICATION UNDER NHM, ASSAM

(Advertisement No. NRHM/Esstt/Adv/115/08-09/4919 dtd. 27.06.2014)

Photo

Name of post applied:

Name of candidate (In Block Letters) :.....

Father's / Guardian's Name:

Address for Communication:

H. No.....

Vill. /Town:

P.O.:

P.S.:

Dist.:

Landmark:

Pin code:

Phone No.:

E_mail Address:

Date of birth:

For doctors:

- Name of Medical College from where MBBS Course passed:
.....
- Year of passing:.....
- Registered under (AMC/MCI):
- Registration No.....
- PG Degree/ Diploma completed (if any):
CourseCollege.....Year of Passing.....
- Whether interested to serve in difficult area (Yes / No):

For Staff Nurses:

- Name of nursing school/ institution from where B.Sc. Nursing/ GNM Course passed:
.....
- Year of passing:.....
- Nursing Council under which Registered:
- Registration No.....

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

Date:

Place:

Signature of candidate