

**PRESCRIBED FORM OF APPLICATION**  
FOR THE POST OF  
**MEDICAL OFFICER (MBBS) - 1 YEAR RURAL POSTING**  
UNDER NHM, 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 <sup>st</sup> MBBS			2 <sup>nd</sup> 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