

APPLICATION FORM
FOR WALK-IN-INTERVIEW FOR THE POSITION OF
MEDICAL OFFICER (MBBS) UNDER NHM, ASSAM
(held on 16th May 2020)

Photo

Name of candidate (In Block Letters) :

Father's / Guardian's Name:

Permanent Address:

Vill./Town :

P.O. :

Dist. :

Pin code :

Present/ Correspondence Address:

Vill./Town :

P.O. :

Dist. :

Pin code :

Phone no. :

E_mail :

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/MCI Registration No.:

No. of Years of Experience :

Preference Districts for Posting : (1) (2) (3)
(4)..... (5)..... (6) Any District.....

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

Date :

Signature of candidate

N.B : Photo Copy of documents to be submitted -

1. Photo Identity Proof (Aadhar/ Pasport/ D.L/ Any Govt. Issued identity proof having address)
2. Age proof Certificate (HSLC/Matriculation)
3. AMC/ MCI Registration Certificate
4. All MBBS Mark sheets.
5. Experience Certificates if any.