



OFFICE OF THE MISSION DIRECTOR  
NATIONAL HEALTH MISSION, ASSAM

Saikia Commercial Complex, Sri Nagar Path, Near Post office Bus Stand, G. S. Road, Christianbasti, Guwahati – 781005  
Website: <https://nhm.assam.gov.in> :: Phone No: 0361-2340236/39 :: Email Id: mdnrhmasm@gmail.com

Memo No.: NHM-37015/3/2020 NCD-NHM  
(ECF : 155031)

Date: /04/2021

**Confirmation of joining the CCH Course January'2021**

I..... S.O/ D.O .....  
Rank No..... PSC..... do  
hereby confirm that I shall join the 6 month Certificate in Community Health (CCH) Course  
January'2021 batch after the admission to the course is taken by NHM, Assam on my behalf.

In the event of not joining and/or discontinuing the course in between, I shall be liable to  
refund the admission fees and all other expenses to NHM, Assam.

**Fees Structure:**

<u>For NHM Candidates</u>			<u>Non NHM Candidates</u>		
<u>Sl No</u>	<u>Particulars</u>	<u>Amount</u>	<u>Sl No</u>	<u>Particulars</u>	<u>Amount</u>
<u>1</u>	Admission Fees (One Time)	Rs.15,000/-	<u>1</u>	Admission Fees (One Time)	Rs.15,000/-
<u>2</u>	Lodging and Fooding amount X 6months	Rs.10,000/-	<u>2</u>	Lodging and Fooding amount X 6months	Rs.10,000/-
<u>3</u>	Remuneration / Stipend X 6months	As per NHM Norms	<u>3</u>	Stipend X 6months	Rs.10,000/-

Witness Signature\*:

Signature of the Candidate:

Name of Witness:.....

Name of Candidate:.....

Relation with Candidate.....

Fathers Name:.....

Address:.....

Address:.....

Mob. No.....

Mob. No.....

Date.....

Date.....

\*Witness in here means – Father/Legal Guardian/Husband only.