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



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./ Whatsapp 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 : Clinical Anaesthesiology / Maternal Health / Pediatric Medicine / Radiology / Orthopedics
 Preference of Medical College :

Name of Medical College	Preference (1 st / 2 nd / 3 rd / 4 th / 5 th / 6 th / 7 th / 8 th)
Gauhati Medical College, Guwahati	
Assam Medical College, Dibrugarh	
Silchar Medical College, Silchar	
Jorhat Medical College, Jorhat	
Fakhrudding Ali Ahmed Medical College, Barpeta	
Tezpur Medical College, Tezpur	
Diphu Medical College, Diphu	
Lakhimpur Medical College, Lakhimpur	

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 :