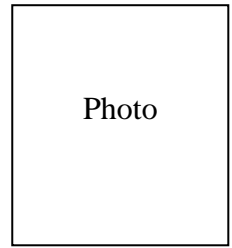


**PRESCRIBED FORM OF APPLICATION**  
**FOR THE POST OF MEDICAL OFFICER (MBBS)**  
**UNDER NRHM, ASSAM**



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 : .....

AMC Registration No.: .....

MCI 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