

**APPLICATION FORM FOR ADMISSION INTO THE COURSE OF DIPLOMA
IN MEDICINE AND RURAL HEALTH CARE (DMRHC) IN THE MEDICAL
INSTITUTE AT JORHAT, SESSION 20.....**

(All parts of the application form must be filled up completely by the candidate's own hand writing)

Recent pass port size
Photograph attested
by Head of the
Institution last
attended to be pasted
here.

1. Name of the Applicant :- SHRI/SMTI _____
(in full & in Block letters)
2. Sex (Male/Female) _____
3. Father's Name _____
4. Name of Guardian _____
5. Occupation of Parent/Guardian _____ Annual Income _____
6. Permanent Home Address:
Village _____
Post Office _____ Pine Code _____
Police station _____ District _____
7. Address for Communication:
C/o. _____
Village _____
Post Office _____ Pine Code _____
Police station _____ District _____
8. Contact No. (if any) _____
9. Age on 31st December of the year of the session _____
(Attach attested copy of admit card of HSLC or equivalent examination as proof of age.)
10. Nationality _____ Religion _____
11. Whether Native/Permanent Resident of Assam _____
12. Whether the candidate belongs to reserved category, if so tick the appropriate category/categories shown below:
(a) SC, (b) ST(H), (C) ST(P), (d) OBC/MOBC, (e) TGL/Ex-TGL, (f) char Area (g) Moran Community, (h) Mattak Community, (i) Physically Handicapped.
13. Examination Roll and Number of Board/Council last appeared _____
14. Details of Examination passed (Attach attested Mark sheet)

Subjects (PCBE and other subjects)	Total Marks	Marks Obtained	(%) of marks in PCB together	Total marks Obtained in Qualifying exam.
Physics (P)				
Chemistry (C)				
Biology (B)				
English (E)				

