

**APPLICATION FORMS OF TEACHERS QUOTA CANDIDATES FOR  
ADMISSION INTO THE POST GRADUATE COURSES FOR THE  
SESSION 2014.**

To,

The Director of Medical Education, Assam and  
Chairman, Post Graduate Selection Board.

Subject applied

Name of the Candidate : Dr. \_\_\_\_\_  
 Designation : \_\_\_\_\_  
 Department : \_\_\_\_\_  
 College : \_\_\_\_\_  
 Date of Year of first Appointment : \_\_\_\_\_  
 Vide Govt. Order No. HLB/ \_\_\_\_\_  
 Dated \_\_\_\_\_  
 Subsequent appointment held if any (give order No., Date & attested copy) : \_\_\_\_\_  
 Total duration of regular service : \_\_\_\_\_

| EXAMINATION              | SUBJECT                    | TOTAL MARKS IN THE EXAM | MARKS OBTAINED | CHANCE |
|--------------------------|----------------------------|-------------------------|----------------|--------|
| 1 <sup>st</sup> M.B.S.S. | 1.<br>2.<br>3.<br>4.<br>5. |                         |                |        |
| 2 <sup>nd</sup> M.B.B.S. | 1.<br>2.<br>3.<br>4.<br>5. |                         |                |        |
| Final M.B.B.S.           | 1.<br>2.<br>3.<br>4.<br>5. |                         |                |        |
| GRAND TOTAL:             |                            |                         | MO=            |        |

Percentage of Marks :  $\frac{MO \times 100\%}{GT}$  (To three decimal point corrected)

Verified and found correct  
Head of the Department.

(Signature of Applicant)

Principal