

**APPLICATION FORM FOR REGISTRATION AS "COMMUNITY HEALTH PROFESSIONALS"
UNDER THE DIRECTORATE OF MEDICAL EDUCATION, ASSAM**

1. Name of the applicant (in block letter) :
2. Father's Name :
3. Address :
(a) Present :

(b) Permanent :
4. Date and place of birth :
5. Qualification (from HSLC or an Equivalent examination and onwards) obtained year wise :
6. Name and full address of the Institute from where completed the DMRHC [now B.Sc.(CH)] course. :
7. Date of joining into the course of Diploma in Medicine and Rural Health Care [now B.Sc.(CH)] :
8. Date of passing the course of Diploma in Medicine and Rural Health Care [now B.Sc.(CH)]. :
9. Whether he/she has undergone practical training after passing the above course. :
10. Name of the Institute where the candidate has completed practical training :
11. Is he/she a citizen of India :
(a) By birth :
(b) By domicile :

Documents to be submitted:

- a) Admit card of HSLC/Equivalent Exam.(for age proof).
- b) All Pass certificates from HSLC/Equivalent Exam. onwards
- c) PRC
- d) Internship Training Certificate
- e) Mark Sheets.
- f) Recent Passport Size Photographs (3 copies)

Signature of the applicant

Signature of the Director of Medical Education, Assam

FORM OF DECLARATION

1. Declaration:

Persons applying for registration as "Community Health Professionals" with Director of Medical Education, Assam shall forward along with his application form, the following declaration duly signed by him, namely:

- (i) I solemnly pledge myself to consecrate my life to the service of humanity.
- (ii) Even under threat, I shall not use my knowledge contrary to the laws of humanity.
- (iii) I shall maintain the utmost respect for human life from the time of conception.
- (iv) I shall not permit consideration of religion nationality, race, party politics or social standing to intervene between my duty and my patient.
- (v) I shall perform my duties with my conscience and dignity.
- (vi) The Health of my patient shall be my first consideration.
- (vii) I shall respect the secrets which are confined in me.
- (viii) I shall give to my teachers the respect and gratitude which is their due.
- (ix) I shall maintain by all means in my power, the honour and noble tradition of Medical profession.
- (x) I shall treat my colleagues as my brothers.
- (xi) I shall maintain the standard of professional conduct and etiquette and observe the code of necessary ethics.

I make this declaration solemnly and freely.

Signature of applicant

Name in full:

Date:

Address:

Signature of the Director of Medical Education, Assam