

**Format of N.E.C. Certificate for Post Graduate
Courses in the Medical Colleges of Assam**

**APPLICABLE IN CASE OF N.E.C. CANDIDATES (must be signed
by the Secretary N.E.C. or his authorized representatives)**

This is to certify that Dr.,
Son/ Daughter of Hailing from
(Address).....of.....
..... (Name of state) is recommended
as a candidate under NEC quota to appear in the counseling for selection of
candidates for admission into Post Graduate Courses in the Medical Colleges of
Assam for the session 2013.

Date:

Signature.....
Secretary, N.E.C., Shillong

Seal:
