

To,
The Director of Medical Education, Assam
Sixmile, Khanapara, Guwahati-22.

Sub: Application for undergoing 1 (one) year Compulsory Rotating Internship Training at Government Medical Colleges of Assam.

Name of the Candidate :.....

Name of Father/Mother/Guardian :.....

Date of Birth

Address :.....

District:..... State :.....

Phone/Contact No. (if any)..... E-mail

Name of the MBBS or equivalent Degree
passing Institute

Name of the MBBS or equivalent Degree
passing University

Year of Passing MBBS or equivalent Degree

Year of Passing screening Test for FMG's

Marks obtain in screening Test for FMG's

Institution of Preference								
1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th

Date:..... Signature of Candidate (in full):.....