**APPLICATION FORM FOR BRIDGE PROGRAMME CERTIFICATE IN COMMUNITY HEALTH UNDER NATIONAL AYUSH MISSION, ASSAM**

Paste latest passport size Photograph.

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| --- | --- | --- |
| 1. | Programme applied for | : ……………………………………………………………………….. |
| 2. | Name of Candidate | : ………………………………………………………………………... |
| 3. | Father’s Name | : ……………………………………………………………………… |
| 4. | Mother’s Name | : ……………………………………………………………………….. |
| 5. | Date of Birth (Attach self-attested photocopy of the Age Proof Certificate) | : ……………………………………………………………………….. |
| 6. | . Address for communication | : ………………………………………………………………………..………………………………………………………………………….…………………………………………………………………………. |
| 7. | Permanent Address | : ………………………………………………………………………..………………………………………………………………………….…………………………………………………………………………. |
| 8. | E-mail | : ……………………………………………………………………….. |
| 9. | Contact Number | : ……………………………………………………………………….. |

**10. Details of marks in BAMS/BHMS Examination (Enclose self-attested photocopies of the mark sheets):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Examination | Maximum Marks | Marks Obtained | Year of Passing | Percentage of marks | Name of University/Board. |
| 1st Year BAMS/BHMS or 1st Prof. BAMS |  |  |  |  |  |
| 2nd Year BAMS/BHMS or 2nd Prof. BAMS |  |  |  |  |
| 3rd Year BAMS/BHMS or 3rd Prof. BAMS |  |  |  |  |
| 4th Year BAMS/BHMS |  |  |  |  |

**11. Working Experience (Enclose self-attested photocopies of the supporting documents):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No. | Name of Establishment/Employer | Designation | Working period | Summary of Services provided |
| From (mm/yyyy) | To (mm/yyyy) |
| a. |  |  |  |  |  |
| b. |  |  |  |  |  |
| c. |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **12.** | **Registration No. (State council/Board)****(Attach self-attested photocopy of Registration Certificate)** | : …………………………………… |
| **13.** | I do hereby declare that, |
|  | (i). | The statement in this application is true to the best of my knowledge and belief. |
|  | (ii). | I have never debarred from appearing at any examination/ interview. |
|  | (iii). | I have never been prosecuted or involved in any criminal case registered by the police or convicted by the criminal court. |
|  | (iv). | I shall accept the selection for the training which will be binding on me. |

I undertake that the above information are correct to the best of my knowledge and belief. The authority shall have the right to take any action against me, if any statement is proved to be false.

 Signature of applicant