

**GOVERNMENT OF ASSAM**  
**OFFICE OF THE DIRECTORATE OF MEDICAL EDUCATION, ASSAM**  
**Sixmile, Khanapara Guwahati-781022**

**FORMAT FOR PROVIDING INFORMATION FOR ENGAGEMENT OF LECTURER  
(CONTRACTUAL POSITIONS) FOR GOVT. NURSING COLLEGES AT JORHAT AND  
KOKRAJHAR UNDER ME&R DEPARTMENT**

1. Full Name of the candidate(In Block Letters):
2. Name of post applied for :
3. Nationality :
4. Permanent Address:
5. Current Address:
6. Mobile No.:
7. Email ID:
8. Date of Birth (attach a copy of evidence) (dd/mm/yyyy):
9. Age (As on 1<sup>st</sup> January'2023):\_\_\_\_\_Years\_\_\_\_\_month(s)
10. Assam Nursing Council Registration number:
11. Employment Registration Number:
12. Educational Qualification :

Sl	Examination	Subject	Year of Passing	Name of College	Name Board/University	Class/Percentage of marks obtained
1.	Graduation					
2.	Post-graduation					
3.	Others (if any)					

13. **Details of Experience** (Starting from latest\*\*) (attach copies of experience certificates):

Sl.	Designation	Organization	From (mm/yyyy)	To (mm/yy yy)	Summary of Services provided
1					
2					
3					
4					

**Declaration:** I certify that the statements made by me above are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or fraudulence or material omission made herein or in any other document requested by the Authority would render dismissal and termination of my contract.

Date & place :

Signature of the Candidate: