To, The Director of Medical Education, Government of Tripura, Agartala, West Tripura – 799001. Affix
Passport
Size
Photograph
duly
attested by

Ref. Ad	vertise	ement No.:		Dated	d:
Subje	ct: - 2	Application for	Junior Resi	dent (Non Acad	lemic).
1.	Nam	e of applicant (s)			
2.	Fath	er's Name			
3.	Date	of Birth			
4.	. Permanent Address				
5. 6.		l Address with ile No. (if any) cational Qualification		Information:	
	SI. No.	Examination (MBBS / BDS)	Year of Passing	College	University
7.	Inte	rnship Details :			
	Sl. No.	Name of the	Institution	Period of Internship	Date of Completion

S1.	Name of the Council	Date of	Registration
No.		Registration	Number

Medical Council Permanent Registration Details:

8.

- 9. Whether SC/ST/PwD: (PH) with documentary evidence (Copy enclosed)
- 10. P.R.T.C No. (Copy enclosed)
- 11. Whether done Junior Residency at A.G.M.C / I.G.M.H / A.B.V.R.C.C, if yes fill up the table **and attach experience certificate**:-

## **DECLARATION**

I do hereby declare that the information furnished above is true and correct to the best of my knowledge, I shall perform duty as assigned by the authority from time to time as per need of the institution and I shall abide by the rules & regulation of the A.G.M.C & G.B.P.H, I.G.M.H and ABVRCC.

DATED: /	//	2022.
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## FULL SIGNATURE OF THE APPLICANT

N.B: - Candidates will have to enclose self attested copies of PRTC, Caste certificate (ST / SC), Age Proof certificate, MBBS Pass Certificate, Attempt Certificate, Internship Completion Certificate, Registration Certificate, Experience certificate (if any) & PwD (PH) Certificate with his / her application and the Original Certificates must be produced at the time of selection.