

GOVERNMENT OF ASSAM
OFFICE OF THE DIRECTOR OF AYUSH
(AYURVEDA, YOGA & NATUROPATHY, UNANI, SIDDHA & HOMOEOPATHY)
BANPHOOL NAGAR PATH, BASHISTHA ROAD, GUWAHATI – 6

Form-B

Declaration/Scrutiny Form for counseling of BHMS Course, Session 2017 - 18
(Declaration form is to filled in by the candidate in his/her own handwriting)

Name of the Candidate:

Name of Father/Mother:

Address:

P.O. PIN: P.S.

Dist. Contact No(s).

E-Mail Add. (if any)

CEE Roll No. Marks obtained CEE Rank
in CEE

Date of Birth..... Age on 31st December, 2017 :

Marks in HSSLC/Equivalent :

Subject (10+2)	Total marks	Marks obtained	Percentage in PCB
Physics			
Chemistry			
Biology			
English			

Preferences of Institution SJNHMC/ AHMC/ JKSHMC		
1 st	2 nd	3 rd

Year of passing HSLC Examination ::

Year of passing HSSLC or Equivalent [10+2 (Sc.)] Examination ::

Name of Board/ Council from where HSSLC or Equivalent [10+2 (Sc.)] Examination passed ::

Caste / Category (Put tick mark in the appropriate box) :: Gen /Unreserved ☐ SC ☐

ST(P) ☐ ST(H) ☐ OBC/MOBC ☐ Char Area ☐ FF ☐ Martyrs ☐

TGL/Ex-TGL ☐ Phy. Handicapped ☐ Ex-serviceman/Serving Defense Personnel ☐

Teacher/Ex-Teacher ☐

Permanent Residential status :: District.....State.....

Thump impression

Signature.....

Full Name.....

Date.....