## FORMAT FOR PROCESSING APPLICATION FOR RESIGNATION/ VRS/ABSENCE

1.	Name of the doctor	
2.	Current Designation, Department and place	
	o postilio	
3.	Year of admission into MBBS/ BDS course &	
11, 11	name of college	
4.	Mandatory Government service duration as	
	per MDDS/ BDS bond (copy of bond to be	
	enciosed)	
5.	Year of admission into PG course & name of	The second of th
	college	
6.	Admission into PG course whether under All	
7.	India Quota/ State Quota	DREET AND DESCRIPTION OF THE STATE OF THE ST
7.	Year of passing PG degree & name of	
8.	College	
0.	Mandatory Government service duration as	
9.	per PG bond (copy of bond to be enclosed)  Date of submission of application for	
0.	resignation/VRS (Copy to be enclosed)	
10.	Date from which Resignation/ VRS is sought	
	for.	
11.	Reasons for resignation/VRS(in brief)	
12.	Period of absence.	
13.	Whether any application from faculty	
	forwarded with recommendation? Letter no	
	with date (Furnish copy).	물리 마다를 다니다 그렇게 되는 것이 없는 사람이 나와 다른다.
14.	Whether the applicant is still in service.	
1	If not, absence since.	
15.	Whether any in-service sponsored study	
TO TAKE A SAME	leave availed by the doctor (if yes, copy of	
40	Govt. order to be enclosed)	
16.	Date of entry into the regular Govt. service.	
17.	Whether Bond period served by the doctor.	
18.	Period of service under:-	
	(i) MER Department (appointment letter	
	to be enclosed) :-	
	(ii) Health &FW Department:-	
	(iii) National Health Mission:-	
	(iv) Any other Govt. Agencies:-	
Down to	(v) 17A of MHRB/ 3 (f) of APSC:-	
19.	DP pending if any.	
20.	Court cases pending if any.	
21.	Outstanding Govt. dues if any.	
22.	Specific comments of Principal-cum-Chief	
	Superintendent whether academic activities/	
	patient care services will hamper	
	subsequently in the event of acceptance of	
	Resignation/ VRS of the doctor from the	그리아를 들어가 맞는 이번 이 모든 그녀.
	present post.	

Signature:

Joint Director of Medical Education, Assam.

Recommended/ Not Recommended

Signature:

Director of Medical Education, Assam.