

**Registrar & Demonstrator ( Kindly fill up in CAPITAL letters )**

1	Name of the doctor	
2	Designation	
3	Department	
4	Date of joining at FAAMCH	
5	Date of Birth	
6	Caste	
7	Year of admission into MBBS / BDS course & name of College	
8	Mandatory Govt. service duration as per MBBS / BDS Bond.	
9	Year of admission into PG course & name of college.	
10	Admission into PG course whether under All India Quota/ State Quota.	
11	Year of passing PG degree & name of college	
12	Mandatory Govt. service duration as per PG Bond.	
	<u>Date of joining (Total Service)</u> a. 17A of MHRB/ 3(f) APSC b. Health &FW Deptt c. NHM. d. Regular	a. b. c. d.
13	Permanent address.	C/O. House No.                      Ward No. Village /town. PO. PS. District. State. Pin.
14	Mobile No.	
15	e-mail address	

Submitted to Principal Office.

Signature