

GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES

APPLICATION FORM
FOR CONTRACTUAL ENGAGEMENT OF
PHARMACIST (Allo)
(FOR COVID HOSPITALS)

Paste self-attested
recent Passport size
photograph
(3.5cmx5cm) with
white background.

Roll Number: (to be allotted by Office)	
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First name

Middle Name

Last Name

1	Name in full (in BLOCK letters): (as in essential educational qualification certificate)	
2	Date of birth (DD/MM/YYYY): (as in Class-X certificate)	
3	Age : (as on the date of notification)	Years: Months: Days:
4	Gender: (Male / Female/ 3 rd gender)	
5	Caste (OBC/SC/ST/Others):	
6	Present Address:	
7	Permanent Address:	
8	Mobile Number: (WhatsApp & Mobile number)	
9	Mother tongue :	
10	Email ID:	
11	Name in full of Father/ Guardian/ Husband :	
12	Registration Number under Manipur State Pharmacy Council:	

Note: All fields are to be mandatorily filled by the applicant unless otherwise instructed.

to be continued in next page.

13. Details of required Educational Qualifications:

(strike out whichever is NOT applicable)

Examination Passed.	Name of Institute / University.	Year of passing.	Full Marks (full course)	Total Marks obtained (in full course)	Percentage of Marks obtained.
*D.Pharmacy / B.Pharmacy course.					

* If any candidate has passed both D.Pharmacy / B.Pharmacy courses, please enter marks obtained in the **BETTER performed course (D.Pharmacy or B.Pharmacy)**.

Check list of **self-attested photo copies** to be enclosed
(in the following order):

Please **tick** whichever is applicable.

1	Class-X Certificate (showing date of birth).	
2	D.Pharmacy / B.Pharmacy course (any one which is applicable): Pass Certificate & Marks Statement. (showing marks obtained in the better performed course)	
3	Caste Certificate (issued NOT before one year), if applicable.	
4	Registration Certificate issued by the Manipur State Pharmacy Council. (to submit at least the acknowledgement slip of applying for registration certificate).	
5	2 self-attested PP size photographs (1 each to be pasted in Application form & Admit Card).	

15. SELF DECLARATION :

I,, undertake and certify that the foregoing information is correct and complete to the best of my knowledge and belief; and I shall be responsible and may be prosecuted for wilfully submitting wrong or fabricated information, if there is any.

Place:

Date:

Signature in full of the Candidate.

Note: Fill up the Admit Card and submit along with the Application form at the time of registration.

GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES

ADMIT CARD
FOR APPEARING IN THE INTERVIEW FOR CONTRACTUAL ENGAGEMENT OF
PHARMACIST (Allo)
(FOR COVID HOSPITALS)

Roll Number :
(to be allotted by office)

Date & time of Interview : 10 AM onwards on

Place of interview : Directorate of Health Services, Manipur.
Lamphelpat, Imphal-795004.

Paste
recent self-attested
passport size
photograph
(3.5cm x 5 cm)

Please admit

	First Name	Middle Name	Last Name
Name in full (in BLOCK letters): (as in essential qualification certificate)			
Date of birth (DD/MM/YYYY): (as in Class-X certificate)			
Caste (OBC/SC/ST/Others):		Gender (Male / Female / 3 rd gender):	
Present address:			
Mobile Number:			
Father's/ Guardian's name:			

Check list of **ORIGINAL** copies of required essential documents to be produced during Interview :

Please **tick** whichever is applicable.

1	Class-X Certificate (showing date of birth).	
2	D.Pharmacy / B.Pharmacy course (any one which is applicable): Pass Certificate & Marks Statement. (showing marks obtained in the better performed course)	
3	Caste Certificate (issued NOT before one year), if applicable.	
4	Registration Certificate issued by the Manipur State Pharmacy Council. (to submit at least the acknowledgement slip of applying for registration certificate).	
5	2 self-attested PP size photographs (1 each to be pasted in Application form & Admit Card).	

Signature of Issuing Authority
(FOR OFFICIAL USE ONLY)

Signature in full of the Candidate
(to be signed at the time of Form submission)