

GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES

**APPLICATION FORM
FOR CONTRACTUAL ENGAGEMENT OF
DRIVER-L
(FOR COVID HOSPITALS)**

Paste self-attested recent
Passport size photograph
(3.5cm x 5cm) with white
background.

Roll No.: (to be allotted by Office)	
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		First name	Middle Name	Last Name
1	Name in full: (in BLOCK letters) <small>(as in essential educational qualification certificate)</small>			
2	Date of birth (DD/MM/YYYY): <small>(as in Class-X certificate)</small>			
3	Age : <small>(as on the date of notification)</small>	Years:	Months:	Days:
4	Gender: <small>(Male / Female/ 3rd gender)</small>			
5	Caste (OBC / SC / ST / Gen):			
6	If female, are you pregnant or nursing a feeding child (below 12 months of age)?	YES / NO	If YES, please give details.	
7	Present Address :			
8	Permanent Address :			
9	Mobile Number : (for urgent matters)			
10	WhatsApp Number & Email ID :			
11	Name in full of Father/ Guardian/ Husband :			
12	Driving License number (LMV) & Date of validity/ expiry :			

Contd. in the next page.

Note: Please fill up the Admit Card, wherever applicable, and physically submit along with the Application Form. For further queries, please contact **8787512003**.

13. Details of required essential qualifications:

Examination Passed.	Name of Board / University.	Year of passing.	Full Marks.	Total Marks obtained.	Percentage of Marks obtained.
Class-X or equivalent.					

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

Please **tick** whichever is applicable.

1.	Class-X / equivalent: Pass Certificate (showing date of birth).	
2.	Class-X / equivalent: Marks Statement.	
3.	Caste Certificate (issued NOT before one year), if applicable.	
4.	2 self-attested Passport size Photographs (1 each to be pasted in Application form & Admit Card).	
5.	Driving License- LMV (showing details of Date of validity/expiry).	

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: Please fill up the Admit Card, wherever applicable, and physically submit along with the Application Form. For further queries, please contact **8787512003**.

GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES

ADMIT CARD
FOR APPEARING IN THE DRIVING TEST/ INTERVIEW FOR CONTRACTUAL
ENGAGEMENT OF
DRIVER-L
(FOR COVID HOSPITALS)

Paste self-attested
recent Passport size
photograph (3.5cm x
5cm) with white
background.

Roll Number :
(to be allotted by office)

Date & Time of Interview: 10AM onwards on

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

Please admit

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

Signature of Issuing Authority
(FOR OFFICIAL USE ONLY)

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

-----to cut and detach for self-information-----

	Check list of ORIGINAL copies of required essential documents to be produced during Interview :	Please tick whichever is applicable.
1.	Class-X / equivalent: Pass Certificate (showing date of birth).	
2.	Class-X / equivalent: Marks Statement.	
3.	Caste Certificate (issued NOT before one year), if applicable.	
4.	2 self-attested Passport size Photographs (1 each to be pasted in Application form & Admit Card).	
5.	Driving License- LMV (showing details of Date of validity/expiry).	

Note: Please fill up the Admit Card, wherever applicable, and physically submit along with the Application Form. For further queries, please contact **8787512003**.