

GOVERNMENT OF MANIPUR  
DIRECTORATE OF HEALTH SERVICES

**APPLICATION FORM  
FOR CONTRACTUAL ENGAGEMENT OF  
MEDICAL OFFICER  
(FOR COVID HOSPITALS)**

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

<b>Roll No.:</b> (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/ 3<sup>rd</sup> 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 : <small>(for urgent matters)</small>			
10	WhatsApp Number & Email ID :			
11	Name in full of Father/ Guardian/ Husband :			
12	Registration Number issued by MCI/ State Medical Councils/ MMC:			

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:**

*(strike out whichever is NOT applicable)*

Examination Passed.	Name of Board / University.	Year of passing.	Full Marks (full course)	Total Marks obtained (in full course)	Percentage of Marks obtained.
*MBBS/ FMGE					

\* For foreign medical graduates, marks obtained in the Foreign Medical Graduate Examinations (FMGE) conducted by the National Board of Examinations (NBE) will be considered.

**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.	MBBS Pass Certificate & Marks Statement. (showing marks obtained in all Professional Examinations)	
3.	Completion certificate of compulsory rotating internship.	
4.	Caste Certificate (issued NOT before one year), if applicable.	
5.	Registration Certificate issued by MCI/ State Medical Council/ MMC.	
6.	2 <b>self-attested</b> Passport size Photographs (1 each to be pasted in Application form & Admit Card).	
7.	FMGE: Pass Certificate & Marks Statement. (applicable only for Foreign medical graduates/ doctors who passed MBBS from outside India)	

**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 INTERVIEW FOR CONTRACTUAL ENGAGEMENT OF  
**MEDICAL OFFICER**  
(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/ 3 <sup>rd</sup> 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 <b>ORIGINAL copies of required essential documents</b> to be produced during Interview :	Please <b>tick</b> whichever is applicable.
1.	Class-X Certificate (showing date of birth).	
2.	MBBS Pass Certificate & Marks Statement. (showing marks obtained in all Professional MBBS Examinations)	
3.	Completion certificate of compulsory rotating internship.	
4.	Caste Certificate (issued NOT before one year), if applicable.	
5.	Registration Certificate issued by MCI/ State Medical Council/ MMC.	
6.	2 <b>self-attested</b> Passport size Photographs (1 each to be pasted in Application form & Admit Card).	
7.	FMGE: Pass Certificate & Marks Statement. (applicable only for Foreign medical graduates/ doctors who passed MBBS from outside India)	

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