

GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES

**APPLICATION FORM
FOR RECRUITMENT OF
MEDICAL OFFICER
UNDER HEALTH DEPARTMENT**

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) (as in essential educational qualification certificate)			
2	Date of birth (DD/MM/YYYY): (as in Class-X certificate)			
3	Gender: (Male / Female/ 3 rd gender)			
4	Caste (OBC-M / OBC-MP / OBC-TNB / SC / ST / Gen):		PWD (yes / no)	
5	If female, are you pregnant or nursing a feeding child (below 12 months of age)?	YES / NO	If YES, please give details.	
6	Present Address :			
7	Permanent Address : (if same as present address, mention SAME)			
8	Mobile Number : (for urgent matters)			
9	WhatsApp Number & Email ID :			
10	Name in full of Father/ Guardian/ Husband :			
11	Registration Number issued by MCI/ State Medical Councils/ MMC:			

12. Details of required essential qualifications:
(*strike out whichever is NOT applicable*)

Examination Passed.	Name of Board / University.	Year of passing.	Full Marks (entire course)	Total Marks obtained (in entire 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.

Please turn to next page /-

Note: Please fill up the Admit Card, wherever applicable, and physically submit along with the Application Form. For further queries, please contact **9862267386 / 8787512003**.

13. Details of certificate for completion of 100 days of COVID duties :
(Applicable ONLY for Doctors engaged by State Government for COVID duties)

Period of engagement		Number of days engaged	Name of Appointing Authority (E.g. Director of Health Services / Director or MS of JNIMS / CMO of district/ MS of district hospital, etc.)	Engagement Order/ Notification details (No. & date)	Name of the last place of COVID duty (Covid Care Centre / health institution)
From (dd-mm-yyy)	To (dd-mm-yyy)				

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

Tick whichever is applicable.

1.	Class-X Certificate (showing date of birth).	
2.	MBBS Pass Certificate.	
3.	MBBS Marks Statements. (showing marks obtained in all Professional Examinations)	
4.	FMGE: Pass Certificate & Marks Statement. (applicable only for Foreign medical graduates/ doctors who passed MBBS from outside India)	
5.	Completion certificate of compulsory rotating internship.	
6.	Caste Certificate, if applicable. (issued NOT before one year in case of OBC)	
7.	Registration Certificate issued by MCI/ State Medical Council/ MMC.	
8.	2 self-attested Passport size Photographs (to paste 1 each in Application form & Admit Card).	
9.	Certificate for completion of 100 days of COVID duties, if applicable.	

14. **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 **9862267386 / 8787512003**.

GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES

ADMIT CARD
FOR RECRUITMENT OF
MEDICAL OFFICER
(UNDER HEALTH DEPARTMENT)

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

Roll Number :
(to be allotted by office)
Date & Time of exam/
assessment : 9:30AM onwards on
Place of assessment : Directorate of Health Services, Manipur.
Lamphepat, Imphal-795004.

Please admit

	First Name	Middle Name	Last Name
Name in full (in BLOCK letters):			
Date of birth (dd/mm/yyyy): (as in Class-X certificate)			
Caste (OBC/SC/ST/Gen):		Gender : (please tick)	Male / Female/ 3 rd 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 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.	
3.	MBBS Marks Statements. (showing marks obtained in all Professional Examinations)	
4.	FMGE: Pass Certificate & Marks Statement.	
5.	Completion certificate of compulsory rotating internship.	
6.	Caste Certificate, if applicable. (issued NOT before one year in case of OBC)	
7.	Registration Certificate issued by MCI/ State Medical Council/ MMC.	
8.	2 self-attested Passport size Photographs (1 each to be pasted in Application form & Admit Card).	
9.	Certificate for completion of 100 days of COVID duties, if applicable.	

Note: Please fill up the Admit Card, wherever applicable, and physically submit along with the Application Form.
For further queries, please contact **9862267386 / 8787512003**.

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ANNEXURE-A.

(to be filled ONLY by candidate engaged by State Government for COVID duties)

GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES

CERTIFICATE FOR COMPLETION OF 100 DAYS OF COVID DUTIES UNDER STATE GOVERNMENT

Certificate No. (to be filled by Directorate of Health Services, Manipur at the time of issue)	
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Name of person in full (in BLOCK letters)			
Designation (MO / Staff Nurse)			
Present Address			
District			
Mobile Number			
Period of COVID duties	From (dd-mm-yyyy)	To (dd-mm-yyyy)	Number of days
Name of Appointing Authority (E.g. Director of Health Services/Director or MS, JNIMS/CMO of district/ MS of district hospital)			
Engagement Order/ Notification details (No. & date)			
Last place of COVID duty (E.g. Covid Care Centre / health institution)			

Signature of Appointing Authority :
Designation :
Seal :

Countersignature of Director of Health Services, Manipur :
Seal :

Instructions for obtaining the certificate for completion of 100 days of COVID duties under State Government:

- i. Candidate shall fill up the certificate in the format given in Annexure-A to this Form.
- ii. Candidate shall submit the duly filled certificate to the Appointing Authority of COVID duty (E.g. Director of Health Services / Director or MS, JNIMS / CMO of district/ MS of district hospital, etc.) along with a self-attested copy of the Engagement Order/ Notification.
- iii. Candidate shall submit the certificate signed by the Appointing Authority to the Director of Health Services, Manipur for counter signature.
- iv. Candidate shall submit the COVID certificate duly countersigned by the Director of Health Services, Manipur along with the main Application Form.

Note: Please fill up the Admit Card, wherever applicable, and physically submit along with the Application Form. For further queries, please contact **9862267386 / 8787512003.**