

GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES

**APPLICATION FORM
FOR RECRUITMENT OF
STAFF NURSE
UNDER HEALTH DEPARTMENT**

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	Gender: (Male / Female/ 3 rd gender)			
4	Caste (OBC-M / OBC-MP / OBC-TN / 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 as Sl.No.6')			
8	Mobile Number: (for urgent matters)			
9	WhatsApp Number & Email ID :			
10	Name in full of Father/ Guardian/ Husband :			
11	Registration Number of RN or RN&RM under Manipur Nursing Council:			

12. Details of required Educational 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.
*GNM / B.Sc.Nursing.					

* If any candidate has passed both GNM & B.Sc.Nursing courses, please **enter marks obtained in the BETTER performed course (GNM or BSc.Nsg)**.

Please turn to the next page /-

13. Details of certificate for completion of 100 days of COVID duties :
 (Applicable ONLY for Staff Nurses 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	GNM / B.Sc.Nursing Pass Certificate (any one in which higher % marks are obtained)	
3	GNM / B.Sc.Nursing Marks Statements. (any one in which higher % marks are obtained)	
4	Caste Certificate, if applicable. (issued NOT before one year in case of OBC)	
5	A-Grade Nurse (RN or RN & RM) Registration Certificate issued by the Manipur Nursing Council. (if not available, please submit the acknowledgement slip of applying for registration certificate from the MNC).	
6	2 self-attested PP size photographs (1 each to be pasted in Application form & Admit Card).	
7	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.

GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES

ADMIT CARD
FOR RECRUITMENT OF
STAFF NURSE
UNDER HEALTH DEPARTMENT

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

Roll Number :
(to be allotted by office)
Date & Time of exam/assessment : 9:30AM onwards on
Place of assessment : Directorate of Health Services, Manipur.
Lamphelpat, 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/Others):		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 **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	GNM / B.Sc.Nursing Pass Certificate (any one in which higher % marks are obtained)	
3	GNM / B.Sc.Nursing Marks Statements. (any one in which higher % marks are obtained)	
4	Caste Certificate, if applicable. (issued NOT before one year in case of OBC)	
5	A-Grade Nurse (RN or RN & RM) Registration Certificate issued by the Manipur Nursing Council. (if not available, please submit the acknowledgement slip of applying for registration certificate from the MNC).	
6	2 self-attested PP size photographs (1 each to be pasted in Application form & Admit Card).	
7	Certificate for completion of 100 days of COVID duties, if applicable.	

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 <i>(E.g. Director of Health Services/Director or MS, JNIMS/CMO of district/ MS of district hospital)</i>			
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.*