

GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES

APPLICATION FORM
FOR RECRUITMENT OF
ECG TECHNICIAN
CHURACHANDPUR MEDICAL COLLEGE
UNDER HEALTH DEPARTMENT

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

Roll Number: (to be allotted by Office)	
---	--

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	Name of Employment Exchange & Registration Number:			

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.
B.Sc. Exam.					
Diploma /Certificate holder in ECG Technician course.					

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	B.Sc. Marks Statements (for full course).	
3a	Diploma in ECG Technician course Pass Certificate.	
3b	Diploma in ECG Technician course Marks Statement (for full course).	
4	Caste Certificate, if applicable. (issued NOT before one year in case of OBC)	
5	2 self-attested PP size photographs (1 each to be pasted in Application form & Admit Card).	
6	Employment Exchange Card.	

13. 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
ECG TECHNICIAN
CHURACHANDPUR MEDICAL COLLEGE
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).	
2a	B.Sc. Marks Statements (for full course).	
3a	Diploma in ECG Technician course Pass Certificate.	
3b	Diploma in ECG Technician course Marks Statement (for full course).	
4	Caste Certificate, if applicable. (issued NOT before one year in case of OBC)	
5	2 self-attested PP size photographs (1 each to be pasted in Application form & Admit Card).	
6	Employment Exchange Card.	