

GOVERNMENT OF MANIPUR  
DIRECTORATE OF HEALTH SERVICES

**APPLICATION FORM  
FOR RECRUITMENT OF  
OT 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)	
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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 <sup>rd</sup> 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	<b>Name of Employment Exchange &amp; Registration Number:</b>			

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.
P.U.Sc. Biology stream / equivalent exam.					
OT 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	P.U.Sc. Biology stream / equivalent exam Marks Statements (for full course).	
3a	OT Technician course Pass Certificate.	
3b	OT Technician course Marks Statement (for full course).	
4	Caste Certificate, if applicable. (issued NOT before one year in case of OBC)	
5	2 <b>self-attested</b> 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  
**OT 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 <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 **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	P.U.Sc. Biology stream / equivalent exam Marks Statements (for full course).	
3a	OT Technician course Pass Certificate.	
3b	OT 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.	