

GOVERNMENT OF MANIPUR  
DIRECTORATE OF HEALTH SERVICES

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**MEMORANDUM**

Imphal, the 6<sup>th</sup> February, 2025

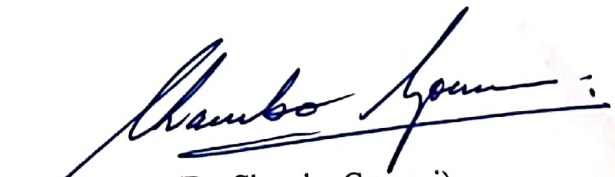
No. G(Trs)/2016-DHS: All the CMOs/DDOs/HOOs are hereby informed to nominate eligible Group-C employees under the following terms and conditions in the prescribed Nomination Form (ANNEXURE-I) for undergoing **3-months State Accounts Training** in the State Academy of Training, Takyelpat.

**Terms & Condition:**

1. Only regular Group-C Ministerial employees may be nominated for the State Accounts Training; or other than Group-C employees whose Recruitment Rules specifically mentions passing of State Accounts Training as one of the criteria for promotion.
2. **Qualifying Service:** Group-C Ministerial employees who have completed at least 2 years of regular service as on 26<sup>th</sup> February, 2025.
3. **Additional qualification required:** Applicants should have passed the **Office Procedure Examination** conducted by the State Academy of Training.
4. Candidates shall fill Annexure-I and submit the same with relevant documents to the undersigned through the CMOs/DDOs/HoOs concerned latest by 4:30 p.m. of 20<sup>th</sup> February, 2025 **directly in Room No. 228 (and NOT in the Receipt Counter)** of this Directorate.

All the CMOs/DDOs/POs

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(Dr. Chambo Gonmei)  
Director of Health Services, Manipur

**NOMINATION FORM**  
**(89<sup>TM</sup> BATCH STATE ACCOUNTS TRAINING)**

1. Name of Candidate (in capital letter) :.....
2. EIN : :.....
3. Date of Appointment :.....
4. Present post held on substantive basis :.....
5. Present place of posting :.....
6. Educational qualification :.....
7. Date of passing O.P. with Order No. & date (DD/MM/YYYY) :.....
8. Mobile No :.....

**NOTES:**

- (i) All fields above are MANDATORY; nominations which has over-writing will be rejected.
- (ii) Only regular Group "C" Ministerial employees of Government of Manipur are to be nominated.
- (iii) Duly self-attested photocopies of 1. Service ID Card; 2. Certificate of Educational Qualification; 3. Appointment Order; 4.Result Sheet of Office Procedure Examination; and 5. 3 passport Size photograph are to be enclosed.

Signature of Candidate with Date

I certify that the statement given by Shri/Smt/Km .....  
.....is true the best of my knowledge.

Signature of DoD/HoO  
With Official Seal & date

