

TIME BOUND

GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES

MEMORANDUM

Imphal, the 21st January, 2026

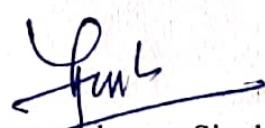
No.G(Ts)/2016-DHS(Pt.I): All the CMOs/DDs/HOOs are here by informed to nominate eligible Group-C employees under the following terms and conditions in the prescribed Nomination Form (ANNEXURE-I) for undergoing 3½ (three and half) months 91st Batch State Accounts Training in the State Academy of Training, Takyelpat by 4:00 p.m. of 27th January, 2026.

Terms & Conditions:

1. Only regular Group-C Ministerial employees of the Government of Manipur may be nominated for the State Accounts Training; or other than Group-C employees whose Recruitment Rules specifically mentioned passing of State Accounts Training as one of the criteria for promotion.
2. Qualifying service: Group-C Ministerial employees of the Government of Manipur who have completed at least 2 years of regular service as on 28th January, 2026.
3. Additional Qualification required: Applicants should have passed the Office Procedure Examination conducted by the State Academy of Training.
4. Special condition: Female candidates whose maternity leave is likely to fall during the training period need not apply as their candidature will be rejected.
5. Candidates shall fill Annexure-I and submit the same with relevant documents to concerned Head of Department.

All the CMOs/DDOs/POs

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(Dr. N. Hemantakumar Singh)
Director of Health Services, Manipur

NOMINATION FORM
(91st BATCH STATE ACCOUNTS TRAINING)

1. Name of Candidate :
2. EIN :
3. Date of Appointment :
(DD/MM/YYYY)
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 Photographs 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 DDO/ HoD
With Official Seal & Date*