GOVERNMENT OF MANIPUR DIRECTORATE OF HEALTH SERVICES APPLICATION FORM FOR ENGAGEMENT OF CONTRACTUAL STAFF FOR COVID DUTIES

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

Name of post:	1. STAFF NURSE /
(strike out whichever is	2. MULTITASKING
NOT applicable)	STAFF
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	Age: (as on the date of notification)	Years:	Months:	Days:
4	Gender: (Male / Female/ 3 rd gender)			
5	Caste (OBC/SC/ST/Others):			
6	Present Address:			
7	Permanent Address:			
8	Mobile Number: (WhatsApp & Mobile number)			
9	Mother tongue :			
10	Email ID:			
11	Name in full of Father/ Guardian/ Husband :			
12	Registration Number of RN or RN&RM under Manipur Nursing Council: (Applicable only for Staff Nurse applicants).			

Note: All fields are to be mandatorily filled by the applicant unless otherwise instructed.

to be continued in next page.

13. Details of required Educational Qualifications: (strike out whichever is NOT applicable)

Examination	Name of Board /	Year of	Full Marks	Total Marks	Percentage
Passed.	University.	passing.	(full course)	obtained (in	of Marks
	-			full course)	obtained.
Class-X.					
(for MTS)					
*GNM.					
(for Staff Nurse)					
*B.Sc.Nursing.					
(for Staff Nurse)					
*M.Sc.Nursing.					
(for Staff Nurse)					

^{*}for staff nurse, % marks obtained in the best performed course (GNM/ BSc.Nsg/ MSc.Nsg) will be considered.

[#] Details of Work Experience in hospitals (50-bedded or above). 14.

Name of Hospital (50-bedded or above)	Number of completed years of work experience.

^{*}Applicable only for Staff Nurse Applicants.

	Check list of self-attested photo copies to be enclosed (in the following order):	Please tick whichever is applicable.
1	Class-X Certificate (showing date of birth)& Marks Statement.	
2	GNM / B.Sc.Nsg./M.Sc.Nsg. course (any one): Pass Certificate & Marks Statement. (showing marks obtained in the best performed course)	
3	Caste Certificate (issued NOT before one year), if applicable.	
4	A-Grade Nurse (RN or RN & RM) Registration Certificate issued by the Manipur Nursing Council.	
5	Work Experience Certificate(s) issued by hospitals (50-bedded or above). (showing number of completed years of work experiences)	
6	2 self-attested PP size photographs (1 each to be pasted in Application form & Admit Card).	

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l,,	undertake	and	certify	that	the	foregoing
information is correct and complete to the best of my knowledge	ge and belie	f; and	d I shall	be re	espoi	nsible and
may be prosecuted for wilfully submitting wrong or fabricated in	nformation,	if the	re is an	у.		

Place:	
Date:	Signature in full of the Candidate

Fill up the Admit Card and submit along with the Application form at the time of registration. Note:

WALK IN INTERVIEW FOR ENGAGEMENT OF CONTRACTUAL STAFF FOR COVID DUTIES

ADMIT CARD

Name of post applied: (to fill up in BLOCK letters by the Candidate)			Paste recent self-attested
Roll Number :			passport size photograph (3.5cm x 5 cm)
(to be allotted by office)			
La	AM onwards on ectorate of Health Serv mphelpat, Imphal-7950	vices, Manipur.	
Please admit	E' () I	NA' LIL NI	1 (1)
	First Name	Middle Name	Last Name
Name in full (in BLOCK letters):			
(as in essential qualification certificate)			
Date of birth (DD/MM/YYYY) (as in Class-X certificate)):		
Caste (OBC/SC/ST/Others):		Gender (Male / Female):	
Present address:			
Mobile Number:			
Father's/ Guardian's name:			
Check list of Original docum	nents to be produced during	Interview:	
1 Class-X Certificate (showing d	ate of birth) & Marks State	ment.	
2 GNM / B.Sc.Nsg./ M.Sc.Nsg. (Statement. (showing marks ob	tained in the best perform	ed course)	
3 Caste Certificate (issued NOT	• /		
4 A-Grade Nurse (RN or RN & R	RM) Registration Certificate	issued by the	
Manipur Nursing Council.Work Experience Certificate(s)	rissued by hospitals (50 bo	dded or above)	
(showing number of completed			
6 2 self-attested PP size photog			
form & Admit Card).			

Signature of Issuing Authority (FOR OFFICIAL USE ONLY)

Signature in full of the Candidate (to be signed at the time of Form submission/registration)