

GOVERNMENT OF MANIPUR  
DIRECTORATE OF HEALTH SERVICES

**APPLICATION FORM**

Post applied for: **GOVERNMENT ANALYST**  
Manipur State Drug Testing Laboratory, Lamphelpat.

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	Residential Address:			
6	Mobile Number: (for urgent matters)			
7	WhatsApp Number & Email ID :			
8	Name in full of Father/ Guardian/ Husband :			

9. Details of essential 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.
MBBS / B.Sc.Chemistry / B.Pharmacy / B.Sc.Pharmaceutical Chemistry.					

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	MBBS / B.Sc.Chemistry / B.Pharmacy / B.Sc.Pharmaceutical Chemistry Pass Certificate	
3	MBBS / B.Sc.Chemistry / B.Pharmacy / B.Sc.Pharmaceutical Chemistry Marks Statements	
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).	

\* Strike out whatever is not applicable.

10. 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.

**ADMIT CARD**

For recruitment of

**GOVERNMENT ANALYST**

Manipur State Drug Testing Laboratory, Lamphelpat.

Paste recent self- attested passport size photograph (3.5cm x 5 cm)
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**Roll Number** : .....

(to be allotted by office)

Date &amp; Time of exam/

assessment

: will be notified in the official website.

Place of assessment

: Directorate of Health Services,

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).	
2	MBBS / B.Sc.Chemistry / B.Pharmacy / B.Sc.Pharmaceutical Chemistry Pass Certificate	
3	MBBS / B.Sc.Chemistry / B.Pharmacy / B.Sc.Pharmaceutical Chemistry Marks Statements	
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).	

\* Strike out whatever is not applicable.



**ACKNOWLEDGEMENT CUM MONEY RECEIPT**  
*(Official copy to be attached to the Application Form)*

Sl.No. .... (to be allotted by official).

Received the application form & a sum of Rs ..... (in words  
..... only) from (name)

....., whose signature is given below, belonging to category of GEN / OBC /  
SC / ST (to tick anyone) being charges for application processing, oral assessment, etc.

Signature of candidate : .....

for  
Director of Health Services, Manipur.

.....

**ACKNOWLEDGEMENT CUM MONEY RECEIPT**  
*(Personal copy)*

Sl.No. ....  
(to be allotted by official).

Received the application form & a sum of Rs ..... (in words  
..... only) from (name)

....., whose signature is given below, belonging to category of GEN / OBC /  
SC / ST (to tick anyone) being charges for application processing, oral assessment, etc.

Signature of candidate : .....

for  
Director of Health Services, Manipur.