

GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES

APPLICATION FORM

Post applied for: **OFFICE ASSISTANT**
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)	
---	--

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 rd 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.
Bachelor's Degree or equivalent (Graduate level) from recognised university.					
Course on Computer Concepts (CCC) from recognised Institute.					

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	Bachelor's Degree or equivalent Pass Certificate	
3	Bachelor's Degree or equivalent Marks Statements	
4	Course on Computer Concepts (CCC) Pass Certificate	
5	Course on Computer Concepts (CCC) Marks Statement	
6	Caste Certificate, if applicable. (issued NOT before one year in case of OBC)	
7	2 self-attested 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

OFFICE ASSISTANT

Manipur State Drug Testing Laboratory, Lamphelpat.

Paste
recent self-
attested passport
size photograph
(3.5cm x 5 cm)

Roll Number :

(to be allotted by office)

Date & 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 rd 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	Bachelor's Degree or equivalent Pass Certificate	
3	Bachelor's Degree or equivalent Marks Statements	
4	Course on Computer Concepts (CCC) Pass Certificate	
5	Course on Computer Concepts (CCC) Marks Statement	
6	Caste Certificate, if applicable. (issued NOT before one year in case of OBC)	
7	2 self-attested 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.