

**GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES**

APPLICATION FORM

Post applied for: **GRADE IV** / MTS (chowkidar / attendant)
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 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.
HSLC or equivalent from recognised Board.					

Check list of **self-attested photo copies** to be enclosed
(in the following order):

Tick whichever is applicable.

1	HSLC / Class-X Pass Certificate (showing date of birth).	
2	HSLC or equivalent Marks Statements	
3	Caste Certificate, if applicable. (issued NOT before one year in case of OBC)	
4	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

GRADE IV / MTS (chowkidar / attendant)

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
Residential 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	HSLC / Class-X Pass Certificate (showing date of birth).	
2	HSLC or equivalent Marks Statements	
3	Caste Certificate, if applicable. (issued NOT before one year in case of OBC)	
4	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.