

**GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES**

APPLICATION FORM FOR CHAIRPERSON OF THE
MANIPUR STATE ALLIED AND HEALTHCARE COUNCIL (MSAHC)

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1. PERSONAL DETAILS

Full Name (in Block Letters): _____

Father's / Husband's Name: _____

Date of Birth (DD/MM/YYYY): ____ / ____ / _____

Gender: [] Male [] Female [] Other

Permanent Address:

Correspondence Address:

Contact Number: _____ Email ID: _____

2. ALLIED HEALTH CATEGORY

(Please tick the category you belong to)

Sl. No.	Recognized Category	Tick
1.	Medical Laboratory & Life Sciences	
2.	Trauma, Burn Care and Surgical/Anesthesia related Technology	
3.	Physiotherapy Professional	
4.	Nutrition Science Professional	
5.	Ophthalmic Sciences Professional	
6.	Occupational Therapy Professional	
7.	Community Care, Behavioral Health Sciences and other Professionals	
8.	Medical Radiology, Imaging and Therapeutic Technology Professional	
9.	Medical Technologists and Physician Associate	
10.	Health Information Management and Health Informatic Professional	

FINNROSE

3. EDUCATIONAL QUALIFICATIONS

(Attach self-attested copies of certificates and mark sheets)

Examination Passed	Board / University / Institute	Year of Passing	Degree / Diploma obtained
Graduation			
Post-Graduation			
Diploma / Others			
Any additional Degree/Qualification			

4. PROFESSIONAL EXPERIENCE INCLUDING ADMINISTRATIVE WORKS

(Minimum 25 years in the field of Allied Healthcare Sciences. Attach self-attested work experience certificates)

Organization / Institution	Designation	From (Date)	To (Date)	Total Period (YY/MM)

A. Total Experience in the field of Allied & Healthcare Sciences:

- a. Total experience in Allied and Healthcare Professions (in years) _____
- b. Total experience as a leader (in years) _____

DECLARATION

I, _____, hereby declare that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature/nomination is liable to be rejected or cancelled.

I further declare that I fulfill all the eligibility criteria regarding qualification and experience prescribed in the Act, 2021

Date: ____ / ____ / ____

Place: _____

(Signature in full of the Applicant)

CHECKLIST OF MANDATORY ENCLOSURES

(Please tick the self-attested documents attached with this application)

- Proof of Date of Birth (Matriculation/HSLC Certificate)
- Relevant Degree / Diploma Certificates & Marksheets
- Work Experience Certificates proving requisite tenure (25 years)
- Document/Proof supporting Outstanding Ability & Administrative Capacity (e.g., Awards, Project Reports, Leadership experience details, etc)
- Document/Proof supporting Integrity (e.g., Vigilance Clearance, Character Certificate or an Integrity Certificate signed by a Gazetted Officer)
- Document for Leadership experience
- NOC from Employee, if currently employed