

**GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES**

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

PERSONAL DETAILS

Full Name (in Block Letters): _____

Father's / Husband's Name: _____

Affix a recent
passport size
photograph

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

Gender: [] Male [] Female [] Other

Permanent Address:

Correspondence Address:

Contact Number: _____ Email ID: _____

2. CATEGORY APPLIED FOR

(Please tick **only one** recognized category under which you are seeking nomination as Member)

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	

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

(Minimum 10 years for Degree holders / 12 years for Diploma holders. 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: _____years
_____months

B. For Members representing Charitable Institutions only:

a. Total experience in Allied and Healthcare Professions: _____years _____months

b. Total experience as a leader: _____years _____months

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 Manipur State Allied and Healthcare Council (MSAHC) Rules, 2026.

Date: ____ / ____ / ____

Place: _____

(Signature in full of the Applicant)

CHECKLIST OF ENCLOSURES

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

- [] Proof of Date of Birth (Matriculation/HSLC Certificate)
- [] Relevant Degree / Diploma Certificates & Marksheets
- [] Experience Certificates proving requisite tenure (10 or 12 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)
- [] Leadership experience proof
- [] NOC from State Government, if applicable