GOVERNMENT OF MANIPUR
DIRECTORATE OF MEDICAL EDUCATION
APPLICATION FOR NOMINATION

1. Applicant Details

Particular	**Details**
Name of Applicant (in BLOCK letters)	
Father's/Mother's Name	
Date of birth	
Correspondence Address	
Mobile No.	
E-mail ID	
Course for which Nomination is Sought (✓)	☐ M.Sc. Nursing (Psychiatric Nursing) ☐ Master of Medical Laboratory Science (MMLS) – Haematology ☐ Master of Psychiatric Social Work (MPSW) ☐ Master in Clinical Psychology (M.Clin.Psy.)

2. Qualifying Examination Details

Particular	**Details**
Qualifying Degree	
University	
Year of Passing	
Percentage/CGPA	
Internship details	

3. Entrance Examination Details (where applicable)

Particular	**Details**
Name of Examination (GUPGET)	
Roll No.	
Score	
Meir	

5. Documents Enclosed (✓)

☐ Qualifying Degree Certificate
☐ Marksheets of Qualifying Degree
☐ Registration Certificate (where applicable)
☐ GUPGET Score Card and Merit list
☐ Class X certificate
☐ Class XII certificate and marksheet
☐ NOC for in-service sponsored candidates

Declaration

I hereby apply for **deputation/sponsorship/nomination** against the State-reserved seat of Manipur for admission to the above-mentioned course at Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur, Assam, for the Academic Session 2026–27.
I declare that the information furnished above is true and correct to the best of my knowledge and belief. I also declare that I fulfil the eligibility criteria prescribed by LGBRIMH for the course applied for.

Date: _____

Place: _____

Signature of the Applicant