

GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES,
MANIPUR

SPECIFIC INSTRUCTIONS

1. Read the information bulletin and the instructions given below carefully before filling up the application form.
2. No part of the prescribed application form should be removed/ altered.
3. If a candidate is found to have provided false information/ certificate or Withheld or concealed information in her application form and enclosed documents, she shall be debarred from admission.
4. Incomplete application Form will be not be accepted and no communication will be made to the candidate in this regard.
5. Change in address should be intimated to this office immediately before conducting counselling.
6. Selected candidates should arrange their accommodation by their own till hostel facility is available at the college.
7. Rs.1100/- (by cash only) for all category of candidates should be deposited at the time of submission of application Form.

NOTE :

Enclose the documents in the following order and firmly tag while submission of Form:

1. Application Form.
2. Declaration of the Father/ Guardian/ Husband (for Open Category)
3. Employment Certificate from the employer (if employed & applying for Open Category)
4. Sponsorship Certificate (for sponsored in-service candidate only)
5. Appointment Order (for sponsored in-service candidate only)
6. Domicile certificate or Permanent Residence certificate from concerned DC anybody authorized for the purpose (for Open Category)
7. Scheduled Cast/ Tribe/ OBC Certificate for the concerned candidates from the Deputy Commissioner concerned Certificate of.
8. Attested Copies –
 - i. Age proof certificate (i.e. Metric / HSLC certificate)
 - ii. Mark-Sheet (B. Sc. Nursing)
 - iii. Registration Certificate (State Nursing Council)
9. One extra copy of recent passport photograph.
10. Medical Fitness Certificate from a medical practitioner holding a degree not below MBBS.

15. Permanent Registration No. & Date with Name of the Nursing Council:

No.									
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Dated														
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Name of Nursing Council																			
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16. For in-service candidates:

Name of the Employer	Department where Employed	Position held	Period	
			From	To

(Appointment order from concerned authority should be enclosed)

I hereby declared that the application has been filled up in my own handwriting and the information given in the application form and enclosed documents are correct. In case, at any stage if the information furnished by me is found incorrect/concealed any information, my admission may be cancelled. I, further, declare that I have read the rules as given in the information bulletin and shall abide by the rules and regulations of the Institute.

I also agree to undergo the course on a full time basis and shall not engage myself in private practice during the period.

Dated:

Signature of the Candidate

Place:

MEDICAL FITNESS CERTIFICATE

This is to certify that Miss/Ms
son/ daughter ofof.....is found
medically fit for undergoing the applied course anywhere in the country.

Signature:
(Registered Medical practitioner)
Name
Seal

DECLARATION OF THE FATHER/GUARDIAN OF THE CANDIDATE

I hereby declare that I will be responsible for timely payment of all fees/dues payable to CON, MD in respect of my daughter/wife.....
.....
during the period of her study at CON, MD Lamphel and hereafter until the accounts are cleared.

Dated (Signature of the Father/Guardian)
Place Address.....

CERTIFICATE TO BE FURNISHED BY THE EMPLOYER
(for in-service candidates applying in open category)

Certified that Miss/Mrs..... is serving
as..... in the Department/ Institute of
.....since.....
She will be relieved, if selected, for the postgraduate course within the stipulated time for admission.

To the best of my knowledge, she bears a good moral character.

Signature.....
Dated..... Name.....
Place Designation :.....
Office seal:

CERTIFICATE TO BE FURNISHED BY THE EMPLOYER
*(only for **sponsored in-service candidates**)*

1. Certified that Miss/Mrs. is sponsored for training leading to the award of M.Sc. Nursing at CON, MD Lamphel for the Session – 2021-22. She will be relieved, if selected, within the prescribed time as notified by the University.

2. That Miss/Mrs.....is permanent employee ofw.e.f.....and she after getting the training at CON, MD, Lamphel will be suitably employed by the sponsoring authority.

Signature.....

Name.....
(In block letters)

Dated/Place

Designation :.....

Organization :
(with office seal)

Please Note :

- i. That only the above certificate duly signed by the “Sponsoring Authority” will be considered.
- ii. That no addition or alteration in the above certificate is allowed.
- iii. That sponsoring authority means the appointing authority.

ACKNOWLEDGMENT CARD

OPEN COUNSELLING OF CANDIDATED FOR M. Sc. NURSING COURSE AS STATE GOVERNMENT NOMINEE FOR ACADEMIC SESSION 2021-22

Roll No.

Venue of Counselling

(To be filled in by the office)

Name (In block letters exactly as entered in class X/XII Exam.)

Affix a recent
passport size
photograph duly
self attested

.....
daughter of

Full signature of the candidate

(Not in block letter)

Seal & Signature of Officer i/c
Medical Directorate, Lamphel.

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