

GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES

APPLICATION FORM
FOR RECRUITMENT OF
DRIVER
CHURACHANDPUR MEDICAL COLLEGE
UNDER HEALTH DEPARTMENT

Paste self-attested
recent Passport size
photograph
(3.5cmx5cm) with
white background.

| | |
|---|--|
| Roll Number: (to be allotted by Office) | |
|---|--|

| | | 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 | If female, are you pregnant or nursing a feeding child (below 12 months of age) ? | Yes / No | If Yes, please give details | |
| 6 | Present Address: | | | |
| 7 | Permanent Address: (if same as present address, mention 'SAME as Sl.No.6') | | | |
| 8 | Mobile Number: (for urgent matters) | | | |
| 9 | WhatsApp Number & Email ID : | | | |
| 10 | Name in full of Father/ Guardian/ Husband : | | | |
| 11 | Name of Employment Exchange & Registration Number: | | | |
| 12 | Driving License number (LMV) & Date of validity/ expiry : | | | |

13. Details of required 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 Exam / equivalent. | | | | | |

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

Tick whichever is applicable.

| | | |
|---|--|--|
| 1 | Class-X Certificate (showing date of birth). | |
| 2 | HSLC Exam / 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). | |
| 5 | Employment Exchange Card. | |
| 6 | Driving License | |

14. 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.

GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES

ADMIT CARD
FOR RECRUITMENT OF
DRIVER
CHURACHANDPUR MEDICAL COLLEGE
UNDER HEALTH DEPARTMENT

Paste
recent self-
attested
passport size
photograph
(3.5cm x 5 cm)

Roll Number :
(to be allotted by office)
Date & Time of exam/
assessment : 9:30AM onwards on
Place of assessment : Directorate of Health Services, Manipur.
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 |
| Present 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 | Class-X Certificate (showing date of birth). | |
| 2 | HSLC Exam / 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). | |
| 5 | Employment Exchange Card. | |
| 6 | Driving License | |