

GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES

APPLICATION FORM
FOR RECRUITMENT OF
LDC / OFFICE ASSISTANT
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. 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.
Graduation Exam.					
Computer Concepts (CCC) IDOS +Windows +MS Office +Multimedia +Internet.					

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	Graduation Exam. Marks Statements (for full course).	
3a	Computer Concepts course Pass Certificate.	
3b	Computer Concepts course Marks Statement (for full course).	
4	Caste Certificate, if applicable. (issued NOT before one year in case of OBC)	
5	2 self-attested PP size photographs (1 each to be pasted in Application form & Admit Card).	
6	Employment Exchange Card.	

13. 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
LDC / OFFICE ASSISTANT
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 Exam/ Interview : Please tick whichever is applicable.

1	Class-X Certificate (showing date of birth).	
2a	Graduation Exam. Marks Statements (for full course).	
3a	Computer Concepts course Pass Certificate.	
3b	Computer Concepts course Marks Statement (for full course).	
4	Caste Certificate, if applicable. (issued NOT before one year in case of OBC)	
5	2 self-attested PP size photographs (1 each to be pasted in Application form & Admit Card).	
6	Employment Exchange Card.	