

GOVERNMENT OF MANIPUR  
DIRECTORATE OF HEALTH SERVICES

**APPLICATION FORM**  
FOR RECRUITMENT OF  
**OPHTHALMIC ASSISTANT**  
CHURACHANDPUR MEDICAL COLLEGE  
UNDER HEALTH DEPARTMENT

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

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

|    |  | First name | Middle Name                    | Last Name |
|----|--|------------|--------------------------------|-----------|
| 1  | Name in full (in BLOCK letters):<br>(as in essential educational<br>qualification certificate) |            |                                |           |
| 2  | Date of birth (DD/MM/YYYY):<br>(as in Class-X certificate)                                     |            |                                |           |
| 3  | Gender:<br>(Male / Female/ 3 <sup>rd</sup> gender)   |            |                                |           |
| 4  | Caste (OBC-M / OBC-MP / OBC-TN<br>/SC /ST / Gen):  |            | PWD (yes / no)                 |           |
| 5  | If female, are you pregnant or nursing<br>a feeding child (below 12 months of<br>age) ?        | Yes / No   | If Yes, please<br>give details |           |
| 6  | Present Address:   |            |                                |           |
| 7  | Permanent Address:<br>(if same as present address, mention<br>'SAME as Sl.No.6')               |            |                                |           |
| 8  | Mobile Number:<br>(for urgent matters)   |            |                                |           |
| 9  | WhatsApp Number & Email ID :   |            |                                |           |
| 10 | Name in full of Father/ Guardian/<br>Husband :   |            |                                |           |
| 11 | <b>Name of Employment Exchange<br/>&amp; Registration Number:</b>                              |            |                                |           |

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. |
|---------------------------------|-----------------------------|------------------|----------------------------|---|-------------------------------|
| P.U.Sc./ Equivalent Examination |                             |                  |                            |   |                               |

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. |
|--|-----------------------------|------------------|----------------------------|---|-------------------------------|
| Diploma in Optometry/<br>Diploma in Ophthalmic Assistant course. |                             |                  |                            |   |                               |

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 | P.U.Sc./ Equivalent Exam Marks Statements.   |  |
| 3 | Diploma in Optometry/ Diploma in Ophthalmic Assistant course Pass Certificate.                     |  |
| 4 | Diploma in Optometry/ Diploma in Ophthalmic Assistant course Marks Statement (for full course).    |  |
| 5 | Caste Certificate, if applicable.<br>(issued NOT before one year in case of OBC)                   |  |
| 6 | 2 <b>self-attested</b> PP size photographs (1 each to be pasted in Application form & Admit Card). |  |
| 7 | Employment Exchange Card.  |  |

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  
**OPHTHALMIC 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<br>(in BLOCK letters):                        |            |                           |  |
| Date of birth (dd/mm/yyyy):<br>(as in Class-X certificate) |            |                           |  |
| Caste (OBC/SC/ST/Others):                                  |            | Gender :<br>(please tick) | Male / Female / 3 <sup>rd</sup> 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 | P.U.Sc./ Equivalent Exam Marks Statements.  |  |
| 3 | Diploma in Optometry/ Diploma in Ophthalmic Assistant course Pass Certificate.                  |  |
| 4 | Diploma in Optometry/ Diploma in Ophthalmic Assistant course Marks Statement (for full course). |  |
| 5 | Caste Certificate, if applicable. (issued NOT before one year in case of OBC)                   |  |
| 6 | 2 self-attested PP size photographs (1 each to be pasted in Application form & Admit Card).     |  |
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