

TIME BOUND

GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES

MEMORANDUM

Imphal, the 3rd May, 2024

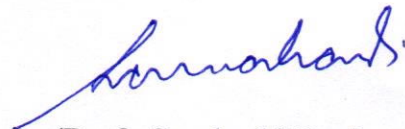
No. G(Trs)/2016-DHS(Pt.I): All the CMOs/DDOs/HOOs are hereby informed to nominate eligible Group-C employees under the following terms and conditions in the prescribed Nomination Form (ANNEXURE-I) for undergoing 3-months 87th Batch State Accounts Training in the State Academy of Training, Takyelpat by 4:30 p.m. of 13th May, 2024 in Room No. 228 of this Directorate.

Terms & Condition:

1. Only regular Group-C Ministerial employees may be nominated for the State Accounts Training; or other than Group-C employees whose Recruitment Rules specifically mentions passing of State Accounts Training as one of the criteria for promotion.
2. **Qualifying Service:** Group-C Ministerial employees who have completed at least 2 years of regular service as on 27th May, 2024.
3. **Additional qualification required:** Applicants should have passed the Office Procedure Examination conducted by the State Academy of Training.
4. **Special condition:** Female candidates whose maternity leave is likely to fall during the training period need not apply as their candidature will be rejected.
5. Candidates shall fill the nomination Form (Annexure-I) and submit the same with relevant documents.

All the CMOs/DDOs/POs

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(Dr. O. Sanahanbi Devi)
Director of Health Services, Manipur

NOMINATION FORM
(87TH BATCH STATE ACCOUNTS TRAINING)

1. Name of Candidate (in capital letter) :.....
2. EIN :
3. Date of Appointment :.....
4. Present post held on substantive basis :.....
5. Present place of posting :.....
6. Educational qualification :.....
7. Date of passing O.P. with Order No. & date (DD/MM/YYYY) :.....
8. Mobile No :.....

NOTES:

- (i) All fields above are MANDATORY; nominations which has over-writing will be rejected.
- (ii) Only regular Group "C" Ministerial employees of Government of Manipur are to be nominated.
- (iii) Duly self-attested photocopies of 1. Service ID Card; 2. Certificate of Educational Qualification; 3. Appointment Order; 4.Result Sheet of Office Procedure Examination; and 5. 3 passport Size photograph are to be enclosed.

Signature of Candidate with Date

I certify that the statement given by Shri/Smt/Km
.....is true the best of my knowledge.

Signature of DoD/HoO
With Official Seal & date