

TIME BOUND

GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES

MEMORANDUM

Imphal, the 6th June, 2025

No. G(Trs)/2016-DHS: 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 State Accounts Training** in the State Academy of Training, Takyelpat.

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 26th June, 2025.
3. **Additional qualification required:** Applicants **should have passed the Office Procedure Examination** conducted by the State Academy of Training.
4. Candidates shall fill Annexure-I and submit the same with relevant documents to the undersigned through the CMOs/DDOs/HoOs concerned latest by **4:30 p.m. of Friday the 20th June, 2025 directly in Room No. 228 (and NOT in the Receipt Counter)** of this Directorate.
5. Selection of employees for the said training will be done strictly in order of seniority.

All the CMOs/DDOs/POs

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(Dr. Chambo Gonmei)
Director of Health Services, Manipur

NOMINATION FORM
(90TM 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