

GOVERNMENT OF MANIPUR
DIRECTORATE OF MEDICAL EDUCATION

NOTIFICATION

Imphal, the 11th May, 2026

No. DME-10/1/2026-HEALTH (Pt. I): In continuation of this Directorate's Notification of even number dated 8th May, 2026, regarding Entrance Examinations for Nursing, Pharmacy & Allied and Healthcare Courses for the Academic Session 2026-27, it is hereby notified that the "Technical User Manual" for online submission of Application Forms is appended herewith as Annexure-I for guidance of candidates.

Candidates are advised to carefully read the User Manual before filling up the Online Application Form through the official portal <https://manipurmc.mn.gov.in>



(Somorjit Salam)
Director of Medical Education, Manipur

Annexure-I

**Entrance Examination for Nursing, Pharmacy & Allied and Healthcare
courses, Academic Session 2026-27**

Technical User Manual

<https://manipurmc.mn.gov.in>

Ver 1.0.0

Directorate of Medical Education

Govt of Manipur

NIC

Important Instruction

1. This document is intended solely as a User Manual for filling out application forms for the Entrance Examination for Nursing, Pharmacy & Allied and Healthcare Courses for the Academic Session 2026–27. Applicants are advised to refer to the official notifications issued by DME for complete details.
2. Candidates are advised to carefully read all notifications, eligibility criteria, and instructions issued by DME from time to time before filling out the application form for the Entrance Examination.
3. Candidates must use their own valid email address and mobile number at the time of registration, as all important information, alerts, and OTPs will be sent only to the registered email address and mobile number.

Documents to Be Submitted

A. For B.Sc. Nursing, Pharmacy & Allied and Healthcare Courses

1. Class X pass Certificate as age proof (Mandatory for all)
2. Domicile Certificate (issued by the competent Authority). (Not mandatory for B.Sc Nursing applicants)
3. Valid Caste Certificates (OBC/SC/ST) issued by the competent Authority. (Validity for OBC certificates is 1 year from date of issue), if applicable
4. PwD Certificate, if applicable
5. Mark Sheet of the qualifying examination: 10+2 (Sc.) (mandatory for all)
6. Mark Sheet of the qualifying examination: D. Pharm (if applicable)

B. For ANM Course

1. Class X pass Certificate as age proof (mandatory for all)
2. Domicile Certificate (issued by the competent Authority).
3. Valid Caste Certificate (OBC/SC/ST) issued by the competent authority. (Validity for OBC certificate is 1 year from date of issue), if applicable
4. PwD Certificate, if applicable
5. Mark Sheet of the qualifying examination: 10+2 (mandatory for all)

C. For M.Sc. Nursing Course

1. Class X pass Certificate as age proof.
2. Domicile Certificate (issued by the competent Authority).
3. Valid Caste Certificates (OBC/SC/ST) issued by the competent Authority. (Validity for OBC certificates is 1 year from date of issue), if applicable
4. PwD Certificate, if applicable
5. Mark Sheet of B.Sc. Nsg Course: compulsory for all
6. Employment Certificate (for sponsored in-service candidate only, format enclosed)
7. Registration Certificate of State Nursing Council
8. Experience Certificate (minimum one year, issued by the competent Authority)

CERTIFICATE TO BE FURNISHED BY THE HEAD OF DEPARTMENT

(for candidates applying in sponsored category)

Certified that Miss/Mr/Mrs.....
is serving as in the
Department/Institute.....
.....since.....
He/She will be relieved, if nominated, for the postgraduate course within the
stipulated time for admission.

Signature.....

Name.....
(In block letters)

Dated/Place

Designation:.....

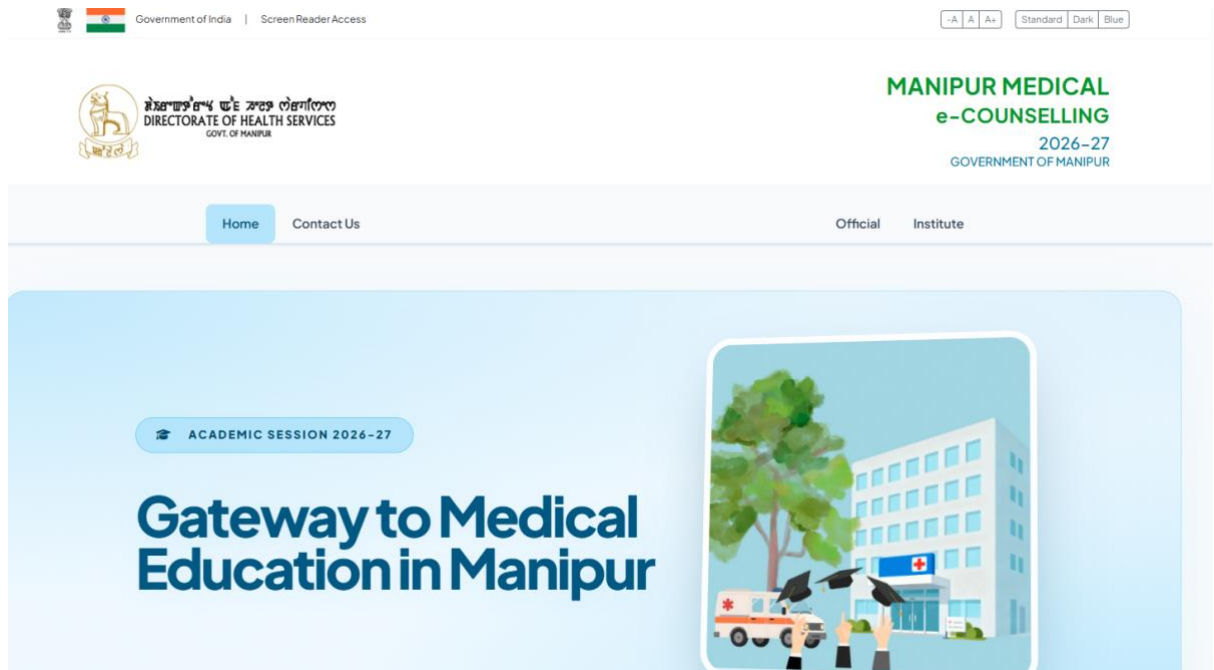
Organization:.....
(with office seal)

Please Note:

- i. That only the above certificate duly signed by the “Competent Authority” will be considered.
- ii. That no addition or alteration in the above certificate is allowed.

1. Registration:

Enter the url <https://manipurmc.mn.gov.in> to start



and click on **New Registration** button



Enter the Personal Details and Password as the password rules mentioned in the page (Min 12 Characters , atleast one Upper Case and a Lower Case and atleast a special char (@ \$! %)

NB Enter the Applying candidate's Date of Birth as per the 10th Certificate (Critical as eligibility of the Applicant will be taken from this Date of Birth)

Entrance Examination for Nursing, Pharmacy and Allied and Healthcare courses.
Registration Form for Academic Session 2026-27

Personal Details

Full Name *

Father's Name *

Date of Birth *

ⓘ Please enter the applying candidate's Date of Birth.

Account Security

Email Address *

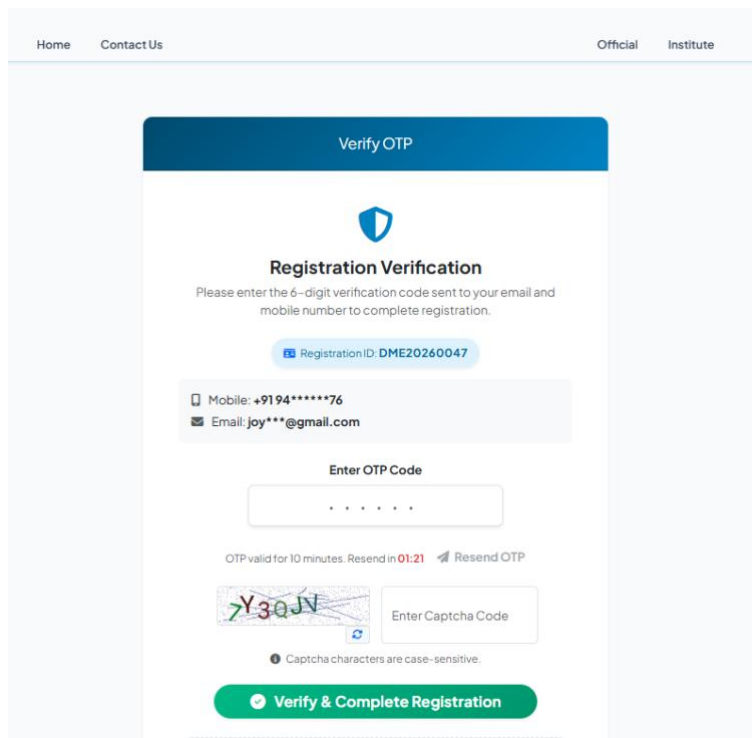
Mobile Number *

Create Password *

Confirm Password *

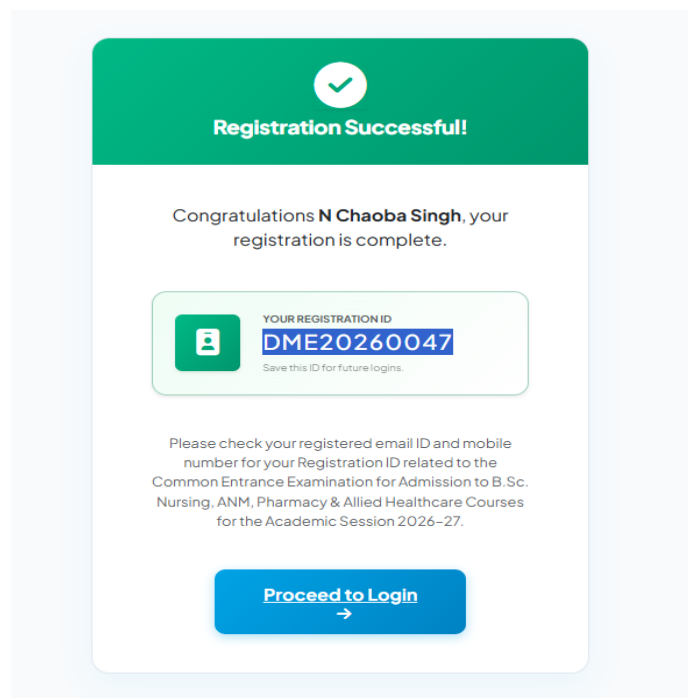
ⓘ Password Requirements:
Min 12 chars with at least one Uppercase and one Lowercase
At least one number & one special char

Once submitted, you will be directed to email and mobile verification page, enter the OTP received in your registered email and mobile. Please note the Registration ID shown there which will be your login User ID (It will also be send to your email and mobile once its verified)



Once verification will be login page

email/mobile completed you directed to the



2. Login:

Login with your Registration ID and password to start the filling of Application Forms

Entrance Examination for Nursing, Pharmacy and Allied & Healthcare courses for Academic Session 2026-27 Candidate Sign-In

Access your application dashboard

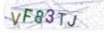
Registration ID

E.G. DHSM2026...

Password *

[Forgot Password?](#)

Enter your password



Security code

[Sign in to Dashboard](#)

Don't have an account? [Register](#)

Forgot your Registration ID? [Find Registration ID](#)

After Login you will be directed to the Main page of Entrance Examination for Nursing, Pharmacy and Allied & Healthcare courses for Academic Session 2026-27. Select The Course/Exam type of the three (ANM,CEE and Msc Nursing). You can apply more than one with one Registration ID. (Check the Eligibility Criteria issued by DME before filing)

Entrance Examination for Nursing, Pharmacy and Allied & Healthcare courses Portal – 2026–27

N CHAOBA SINGH

PARENT'S NAME: Tomba | REGISTERED MOBILE: 9436027976

DME20260047 | Logout

ATTENTION Please read the notification carefully to check the eligibility criteria & Important Instructions. [View Notification](#)

Select Course Type

Start a new application or activate an existing one

- ANM**
Auxiliary Nurse Midwifery
- Common Entrance Exam (CEE)**
B.Sc Nursing, B.Pharm, D.Pharm, B.MLS, B.MRIT, B.Optomety, BPT
- M.Sc Nursing**
Master of Science in Nursing

[Begin Application Process](#)

4. Application Forms:

4.1 Personal Details: Complete your details like Preferred **Exam City** of the Course/Exam you selected , Gender, Address , Photo and Signature (as prescribed format) and click save and next

Filling Form: BP20260039
Course: Common Entrance Exam(CEE) [Close Form](#)

2 Personal Details

Address, domicile & exam city

FULL NAME (AS PER CLASS X/XII CERTIFICATE): N CHAOBA SINGH
FATHER'S / GUARDIAN'S NAME: TOMBA

DATE OF BIRTH: 11/03/2002
MOBILE NUMBER: 9436027976
GENDER: -- Select --
CASTE CATEGORY: -- Select --

PRESENT ADDRESS: Enter your present address
PIN CODE: 6--digit PIN

DOMICILE DISTRICT: Enter your district
DOMICILE STATE: Manipur

EXAM CITY: -- Select Exam City --

Special Category – Person with Disability (PwD)

PASSPORT SIZE PHOTO: JPEG/JPG: 10-100 KB; Light background; No mask or hat
SPECIMEN SIGNATURE: JPEG/JPG: 4-30 KB; Black ink on white background; Not in capitals

Choose File | No file chosen | Choose File | No file chosen

[Save & Next](#)

4.2 Course Applied: For CEE candidates, you have to select one or two (max) course from the available courses. Two courses will incur two Exam Fee for each category type.

3

Courses Applied

Select up to 2 courses

Locked

⬇

B.Sc Nursing

B.Pharm

D.Pharm

B.MLS

B.MRIT

B.Optomety

B.Physiotherapy

Fee: Single course – General/OBC: ₹1,500 | SC/ST: ₹1,000 | Two courses – General/OBC: ₹3,000 | SC/ST: ₹2,000

4.3 Academic Details: Enter the Qualifying exam academic details of the selected course/Exam and click save and next

4

Academic Details

10+2 marks / qualifying exam

⬆

BOARD / COUNCIL *

YEAR OF PASSING *

INSTITUTE NAME *

Enter your 10+2 / Equivalent examination marks. **Mandatory subjects:** B.Sc Nursing – English, Physics, Chemistry, Biology | Pharmacy & Allied & Healthcare – English, Physics, Chemistry, Biology or Mathematics

Subject	Full Marks	Pass Marks	Marks Obtained
English	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physics	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chemistry	<input type="text"/>	<input type="text"/>	<input type="text"/>
Biology	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aggregate Marks of PCB (Physics + Chemistry + Biology):			<input type="text" value="Calculating..."/>

➡ Save & Next

For MSc Nursing candidate, you have to choose applying seat category type viz sponsorship or open (Refer the Official notifications by DME)

1. Category of Seat & Work Experience

CATEGORY OF SEAT *

Sponsored Open

Sponsored candidates must upload a Sponsorship Certificate below.

TOTAL WORK EXPERIENCE (YEARS) *

Min 1 year required

Required after Basic B.Sc. Nursing.

2. Qualifying Examination Details (B.Sc Nursing)

NAME OF INSTITUTE *

NAME OF UNIVERSITY *

FULL MARKS *

MARKS OBTAINED *

PERCENTAGE OBTAINED

3. Nursing Council Registration

NAME OF NURSING COUNCIL *

REGISTRATION NUMBER *

REGISTRATION DATE *

[Save & Next](#)

4.4 Document upload: Now upload the required documents as per the courses/Exam applied and in prescribed format.

5 Upload Documents
Signature, photo & certificates

Class X Pass Certificate *
Age Proof - JPEG/PDF - 50-500 KB

Choose File

10+2 Mark Sheet *
Qualifying Exam - JPEG/PDF - 50-500 KB

Choose File

Domicile Certificate *
Issued by Competent Authority - JPEG/PDF - 50-500 KB

Choose File

[Upload Documents & Proceed](#)

4.5 Self Declaration:

Preview the application form and declaration carefully before final submission. Once you are satisfied that all the details entered are correct, click the “Agree” button. After clicking “Agree”, the application form details will be locked and no further changes will be allowed.

6 Self Declaration

Read and accept before submitting

I hereby declare that all information provided in this application form is true, correct and complete to the best of my knowledge and belief. I understand that any false or misleading information may result in the cancellation of my admission/application. I also agree to abide by all rules and regulations of the Directorate of Medical Education, Government of Manipur, regarding the counselling process.

I have read and agree to the above declaration. *

[✓ Accept & Submit Declaration](#)

4.6 Application Fee and Payment:

Click the payment link for the applied Application form to complete fee payment and Submit the form. NB. If amount is deducted from your account, please check the status of the application in your dashboard after one hour before retrying the payment.

7 Application Fee & Payment

Submit payment details for your application

APPLICATION FEE

₹3,000

COMMON ENTRANCE EXAM(CEE) –
UR


APP NO: BP20260039

₹3,000.00

Application Fee for Common Entrance Exam(CEE)

Clicking below will take you to the secure payment gateway to complete your submission.

[Proceed to Payment](#)

 **MANIPUR MEDICAL e-COUNSELLING**
2026-27
GOVERNMENT OF MANIPUR

Contact Us

Payment Confirmation

Application Details & Fee Payment

Candidate Name: N Chaoba Singh Application Number: BP20260039

Description	Amount (₹)
Counselling Fee (Common Entrance Exam(CEE))	₹ 3,000.00
Total Payable Amount	₹ 3,000.00

[← Back](#) [Pay Now ₹ 3,000.00](#)

Payment Mode

Net Banking

Debit Card

Credit Card

UPI

Pay using any UPI app

Transaction ID	260509270475474
Amount	Rs. 10
Convenience Fee	Rs. 0.00
GST	Rs. 0.00
Total Amount	Rs. 10.00

Mobile No : Optional Email ID : Optional

Payer Name : Optional UPI ID : Enter your UPI ID

*Please provide the mobile number for transaction communication & viewing transaction history.

UPI ID QR Code

Contact Us Official Institute

Payment Status

Payment Successful!

Transaction Amount: ₹10
 Payment Mode: UPI_ICICI
 Transaction Date: 09 May 2026 06:21 PM
 Reference No: 177833102428173383
 EasyPay Ref No: 260509270475474

Once the payment is successful, the application will be submitted successfully. An acknowledgement of the application will be sent to your registered email address. You can also view the application status in your dashboard, where all updates such as **Approved, Document Reverted, or Rejected** will be displayed. **ADMIT CARD once issued will also can be**

downloaded in this page. It will also be notified through your registered email.

Entrance Examination for Nursing, Pharmacy and Allied & Healthcare courses Portal — 2026-27

DME20260047 Logout

N CHAOBA SINGH

Common Entrance Exam(CEE) Submitted

PARENT'S NAME Tomba	REGISTERED MOBILE 9436027976
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ATTENTION

Please read the notification carefully to check the eligibility criteria & Important Instructions. View Notification

My Application History

COURSE	APPLICATION ID	EXAM CENTRE	STATUS	PAYMENT	ACTIONS
Common Entrance Exam(CEE) <small>Session 2026-27</small>	BP20260039	Not Assigned	Submitted	Paid	Modify Delete

APPLICATION ROADMAP

- 1 Course Selection
- 2 Personal Details
- 3 Courses Choice
- 4 Academic Details
- 5 Upload Documents
- 6 Declaration

Reviewing Application: BP20260039
Course: Common Entrance Exam(CEE) READ ONLY Exit Review

2 Personal Details Locked

Address, domicile & exam city

3 Courses Applied Locked

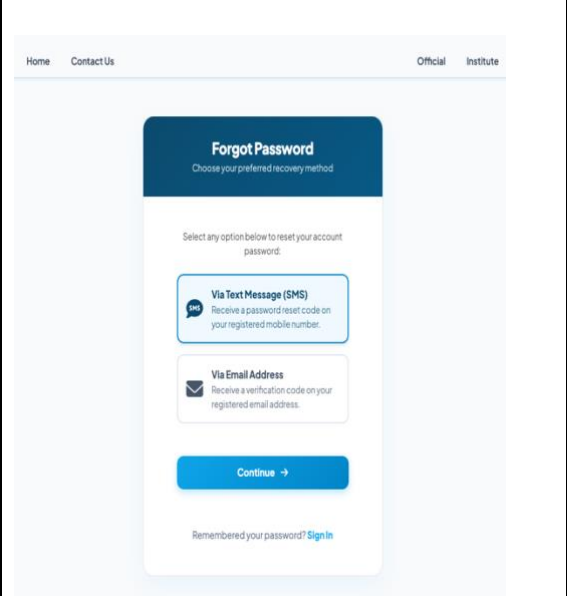
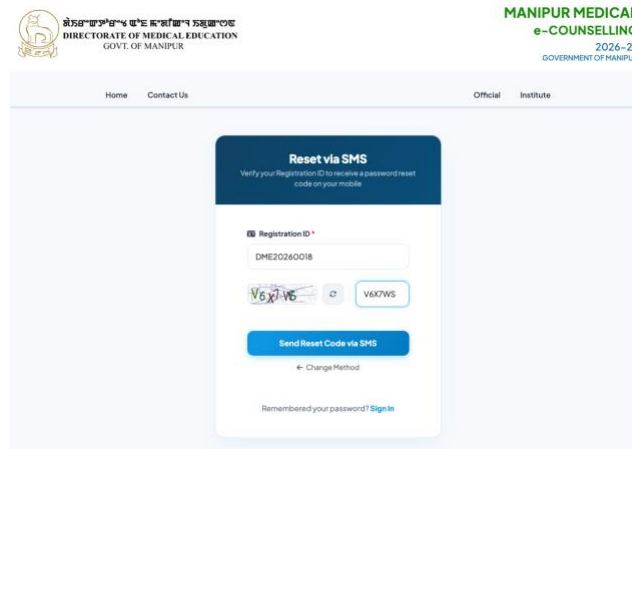
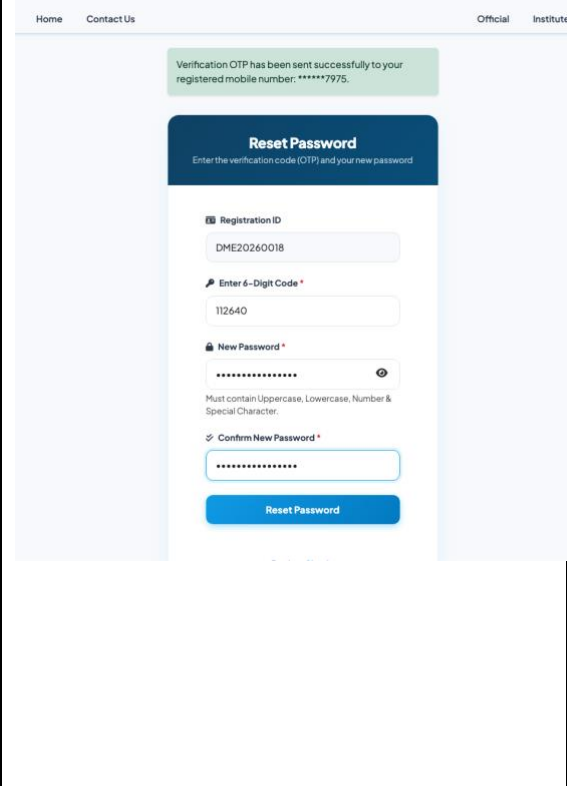
Select up to 2 courses

4 Academic Details Locked

10+2 marks / qualifying exam

5. Forgot Password:

For Forgot password click the Forgot password and after verification (email or mobile) give the new password to recover your account.

 <p>Home Contact Us Official Institute</p> <h3>Forgot Password</h3> <p>Choose your preferred recovery method</p> <p>Select any option below to reset your account password:</p> <ul style="list-style-type: none">Via Text Message (SMS) Receive a password reset code on your registered mobile number.Via Email Address Receive a verification code on your registered email address. <p>Continue →</p> <p>Remembered your password? Sign In</p>	 <p>MANIPUR MEDICAL e-COUNSELLING 2026-27 GOVERNMENT OF MANIPUR</p> <p>Home Contact Us Official Institute</p> <h3>Reset via SMS</h3> <p>Verify your Registration ID to receive a password reset code on your mobile.</p> <p>Registration ID * DME20260018</p> <p>V6X7V6 V&K7WS</p> <p>Send Reset Code via SMS</p> <p>← Change Method</p> <p>Remembered your password? Sign In</p>
 <p>Home Contact Us Official Institute</p> <p>Verification OTP has been sent successfully to your registered mobile number: *****7975.</p> <h3>Reset Password</h3> <p>Enter the verification code (OTP) and your new password</p> <p>Registration ID DME20260018</p> <p>Enter 6-Digit Code * 112640</p> <p>New Password * *****</p> <p>Must contain Uppercase, Lowercase, Number & Special Character.</p> <p>Confirm New Password * *****</p> <p>Reset Password</p>	

5. Forgot Registration ID:

Click the Forgot Registration ID to recover your Registration ID after Verification through Mobile

[Home](#) [Contact Us](#) [Official](#) [Institute](#)



Forgot Registration ID

Retrieve your registration credentials via SMS & Email

Please provide the 10-digit mobile number you registered with. We will send you an OTP to verify your ownership.

Registered Mobile Number *

+91 Enter your 10-digit number

[Send Verification OTP](#)

Remembered your account details? [Sign In](#)