

**GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES**

Sl.No.....
(to be allotted by Office)

**APPLICATION FORM FOR ENGAGEMENT OF
CONTRACTUAL STAFF FOR COVID CARE CENTRE**

Paste self-attested recent Passport size photograph (3.5cm x 5cm) with white background.

Name of post: (strike out whichever is NOT applicable)	1. STAFF NURSE / 2. MULTITASKING STAFF (MTS)
Roll No.: (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	Age as on 12-JUN-2020 :	Years:	Months:	Days:
4	Gender (Male / Female):			
5	Caste (OBC / SC / ST / Others):			
6	Present Address :			
7	Permanent Address :			
8	Mobile Number : (for urgent matters)			
9	Mother tongue :			
10	Email ID:			
11	Name in full of Father/ Guardian/ Husband :			
12	A-Grade Nurse Registration Number under Manipur Nursing Council: (Applicable only for Staff Nurse applicants).			

Note: All fields are to be mandatorily filled by the applicant unless otherwise instructed.

to be continued in next page.

13. Details of required Educational Qualifications (HSLC/ Class-X onwards):
(*strike out whichever is NOT applicable*)

Examination Passed.	Name of Board / University.	Year of passing	Full Marks (full course)	Total Marks obtained(full course)	Percentage of Marks.
Class-X.					
GNM.					
B.Sc.Nursing					
M.Sc.Nursing					

14. # Details of Work Experience in hospitals (50-bedded or above).

Name of Hospital (50-bedded or above)	Number of completed years of work experience.

Applicable only for Staff Nurse Applicants.

Check list of self-attested photo copies to be enclosed

(in the following order):

Please tick whichever is applicable.

1	Class-X Certificate (showing date of birth) & Marks Statement.	
2	GNM course Pass Certificate & Marks Statement. (showing marks obtained in all examinations)	
3	B.Sc.Nursing course Pass Certificate & Marks Statement. (showing marks obtained in all examinations)	
4	Pass Certificate & Marks Statement of higher course, if any. (showing marks obtained in all examinations)	
5	Caste Certificate (issued NOT before one year), if applicable.	
6	A-Grade Nurse Registration Certificate issued by the Manipur Nursing Council.	
7	Work Experience Certificate(s) issued by hospitals (50-bedded or above). (showing number of completed years of work experiences)	
8	3 self-attested Passport size Photographs (1 each to be pasted in Application form, Admit Card & Attendance Sheet).	

15. 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.

Note: Fill up the Attendance Sheet and Admit Card and submit along with the Application form.

**WALK IN INTERVIEW FOR ENGAGEMENT OF
CONTRACTUAL STAFF FOR COVID CARE CENTRE UNDER
HEALTH DEPARTMENT: GOVERNMENT OF MANIPUR**

ATTENDANCE SHEET

Name of post applied for:
(to fill up in BLOCK letters by
the Candidate)

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Paste recent self-attested passport size photograph (3.5cm x 5 cm)
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Roll Number
(to be allotted by office)

:

Date & time of Interview : from 25th June, 2020; 10 AM onwards
(details to be notified in local dailies/ website: manipurhealthdirectorate.in).
Place of interview : Directorate of Health Services, Manipur.
Lamphelpat, Imphal-795004.

	First Name	Middle Name	Last Name
Name in full (in BLOCK letters) : (as in certificate of essential educational qualification)			
Date of birth (DD/MM/YYYY): (as in Class-X certificate)			
Caste (OBC/SC/ST/Others):		Gender (Male / Female):	
Present address:			
Mobile Number:			
Father's/ Guardian's name:			

Candidate's Signature in full. (to sign at the time of submission of Application Form)	
Candidate's Signature in full. (to sign ONLY in the Interview Hall)	

Place:

Date:

Signature of Interview Coordinator
(for official use at the time of interview)

**WALK IN INTERVIEW FOR ENGAGEMENT OF
CONTRACTUAL STAFF FOR COVID CARE CENTRE UNDER
HEALTH DEPARTMENT: GOVERNMENT OF MANIPUR**

ADMIT CARD

Name of post applied:
(to fill up in BLOCK letters by
the Candidate)

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Paste recent self-attested passport size photograph (3.5 cm x 5 cm)
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Roll Number :

(to be allotted by office)
Date & time of Interview : from 25th June, 2020; 10 AM onwards
(details to be notified in local dailies & website:
manipurhealthdirectorates.in).

Place of interview : Directorate of Health Services, Manipur.
Lamphelpat, Imphal-795004.

Please admit

	First Name	Middle Name	Last Name
Name in full (in BLOCK letters):(as in essential educational qualification certificate)			
Date of birth (DD/MM/YYYY): (as in Class-X certificate)			
Caste (OBC/SC/ST/Others):		Gender (Male / Female):	
Present address:			
Mobile Number:			
Father's/ Guardian's name:			

Check list of **Original** documents to be produced during Interview : Please tick whichever is applicable.

1	Class-X Certificate (showing date of birth) and Marks Sheet.	
2	Pass Certificate & Marks Statement of GNM course. (showing marks obtained in all examinations)	
3	Pass Certificate & Marks Statement of B.Sc.Nursing course. (showing marks obtained in all examinations)	
4	Pass Certificate & Marks Statement of higher course, if any. (showing marks obtained in all examinations)	
5	Caste Certificate (issued NOT before one year), if applicable.	
6	A-Grade Nurse Registration Certificate issued by the Manipur Nursing Council.	
7	Work Experience Certificate(s) issued by hospitals(50-bedded or above). (showing number of completed years of experience)	

Signature of Issuing Authority
(FOR OFFICIAL USE ONLY)

Signature in full of the Candidate
(to be signed at the time of Form submission)