

GOVERNMENT OF MANIPUR  
DIRECTORATE OF HEALTH SERVICES

**APPLICATION FORM**  
FOR CONTRACTUAL ENGAGEMENT OF  
**LAB TECHNICIAN**  
(FOR COVID HOSPITALS)

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

Roll Number: (to be allotted by Office)	
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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 the date of notification)	Years:          Months:          Days:
4	Gender: (Male / Female/ 3 <sup>rd</sup> gender)	
5	Caste (OBC/SC/ST/Others):	
6	Present Address:	
7	Permanent Address:	
8	Mobile Number: (WhatsApp & Mobile number)	
9	Mother tongue :	
10	Email ID:	
11	Name in full of Father/ Guardian/ Husband :	

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

to be continued in next page.

12. Details of required Educational Qualifications:

(strike out whichever is NOT applicable)

Examination Passed.	Name of Institute / University.	Year of passing.	Full Marks (full course)	Total Marks obtained (in full course)	Percentage of Marks obtained.
*B.Sc. (MLT) / Diploma in MLT course.					

\* If any candidate has passed both B.Sc. (MLT) / Diploma in MLT courses, please **enter marks obtained in the BETTER performed course** (B.Sc. (MLT) or Diploma in MLT).

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).	
2	B.Sc. (MLT) / Diploma in MLT course: Pass Certificate & Marks Statement. ( <b>showing marks obtained in the entire course</b> )	
3	Caste Certificate ( <b>issued NOT before one year</b> ), if applicable.	
4	<b>2 self-attested</b> PP size photographs (1 each to be pasted in Application form & Admit Card).	

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 Admit Card and submit along with the Application form at the time of registration.

GOVERNMENT OF MANIPUR  
DIRECTORATE OF HEALTH SERVICES

**ADMIT CARD**  
FOR APPEARING IN THE INTERVIEW FOR CONTRACTUAL ENGAGEMENT OF  
**LAB TECHNICIAN**  
(FOR COVID HOSPITALS)

**Roll Number** : .....  
(to be allotted by office)

Date & time of Interview : 10 AM onwards on .....  
Place of interview : Directorate of Health Services, Manipur.  
Lamphelpat, Imphal-795004.

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

Please admit

	First Name	Middle Name	Last Name
Name in full (in BLOCK letters): (as in essential qualification certificate)			
Date of birth (DD/MM/YYYY): (as in Class-X certificate)			
Caste (OBC/SC/ST/Others):		Gender (Male / Female / 3 <sup>rd</sup> gender):	
Present address:			
Mobile Number:			
Father's/ Guardian's name:			

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	B.Sc. (MLT) / Diploma in MLT course: Pass Certificate & Marks Statement. <b>(showing marks obtained in the entire course)</b>	
3	Caste Certificate ( <b>issued NOT before one year</b> ), if applicable.	
4	2 <b>self-attested</b> PP size photographs (1 each to be pasted in Application form & Admit Card).	

Signature of Issuing Authority  
(FOR OFFICIAL USE ONLY)

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