

# APPLICATION FORM FOR ADMISSION TO (G.N.M./F.H.W.) COURSES, 2017-18 SESSION

To  
The Director of Health Services,  
Manipur.

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photograph  
duly self  
attested

Sir,

I beg to submit an Application for admission to the (G.N.M./F.H.W.) Courses, 2017-18 session as Manipur Government nominee.

1. Name in full of the Candidate:.....  
( In block letters exactly as entered in class X/XII Qualifying Marks statement )
2. Permanent Address:.....  
(complete postal address in block letters)
3. Present Address: .....
4. Date of birth & Age on 31.12.2017.....
5. Nationality : .....6. Valid Contact No.....
7. Place of Birth:.....
8. Category : (i). General, (ii). OBC(M), (iii). OBC(MP), (iv). OBC(T/N), (v). SC & (vi).ST  
(Please Tick).
9. Father's Name .....
10. Guardian's Name.....  
(if father is not alive)
11. Marks obtained in 10+2 / equivalent examination:

Subject	Full marks	Marks obtained	% Aggregate Mark	Name of the Board	Verification (for office use only)

12. Declaration by applicant:

I..... Son/Daughter of Shri/Smt  
..... Aged.....(D.O.B.....)  
Resident of..... District

.....Manipur hereby declare that the information given above and in the enclosed documents are true to the best of my knowledge and belief and nothing has been concealed therein. I am aware of the fact that the information given by me is proved false/not true. I will have to face the criminal proceeding as per provision of section 177,193,197,198,199 and 200 of the Indian Penal Code and any suitable provision of the Law. Also all the benefits availed by me shall be summarily withdrawn.

**Yours faithfully**

Date .....

**Signature of the Candidate**

### Medical Fitness Certificate

This is to certify that Mr/Ms .....  
son/ daughter of .....is found  
medically fit for undergoing the applied course anywhere in the country.

Signature:  
(Registered Medical practitioner)  
Seal

### Enclose the following certificates / documents:

1. Domicile / Residential / Employment Certificate (issued by concerned DC/Head of Deptt).
2. Self attested copy of Mark Sheet (s) of the qualifying examination.
3. Self attested copy of age proof certificate issued by Board / Council / Admit card of HSLC Examination.
4. Valid S.C./S.T./O.B.C. Certificates issued by the concerned Deputy Commissioner of the District or by an Officer authorized by him.

### INFORMATION TO CANDIDATES:

#### Scheme of written test / examination:

1. The qualifying examination for nomination to (G.N.M./F.H.W.) courses is 10+2 / equivalent examination.
2. There shall be written examination with i). English and ii). General Knowledge carrying 50 marks each and the standard of the written test shall be same as in the case of class XII conducted by the Council of Higher Secondary Education, Manipur. The total marks of the written test shall be 100 (one hundred). The total no of questions will be 50 (fifty).
3. Each question will carry 2 (two) marks. Answer shall be of multiple choice type and there will be no negative markings.
4. Use Blue/Black ball point pen. The duration of the written test will be of 1 (one) hour. No candidate shall be allowed to leave the examination hall till the completion of the examination.
5. **The examination fee for the competitive test shall be Rs 300 for General / OBC and Rs 200/- for S.C. / S.T. candidates payable at the Medical Directorate's POS using ATM card.**
6. Merit list based on the performance in the written test for Unreserved/General, OBC, ST, & SC Candidates will be as per reservation policy of the State Government and number of seats available.

**ADMIT CARD**

**COMPETITIVE TEST FOR GENERAL NURSING & MIDWIFERY /FEMALE HEALTH WORKERS  
(G.N.M./F.H.W.) COURSES, AS STATE GOVERNMENT NOMINEE FOR ACADEMIC SESSION  
2017-2018**

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gum duly self  
attested

Roll No. ....

Venue of Examination .....

(To be filled in by the office)

Name ( In block letters exactly as entered in class X/XII Qualifying Marks statement )

.....

son / daughter of .....

Full signature of the candidate .....

(Not in block letter)

**Seal & Signature of Officer i/c  
Medical Directorate, Lamphel.**

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(G.N.M./F.H.W.) COURSES, AS STATE GOVERNMENT NOMINEE FOR ACADEMIC SESSION  
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son / daughter of .....

Full signature of the candidate .....

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**Seal & Signature of Officer i/c  
Medical Directorate, Lamphel.**