

**GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES**

**APPLICATION FORM
FOR CONTRACTUAL ENGAGEMENT OF
MEDICAL OFFICER
(FOR COVID DUTIES)**

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

Roll No.: (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 12-AUG-2020 : (last date of form submission)	Years:	Months:	Days:
4	Gender (Male / Female):			
5	Caste (OBC / SC / ST / Gen):			
6	If female, are you pregnant or nursing a feeding child (below 12 months of age) ?	YES / NO	If YES, please give details.	
7	Present Address :			
8	Permanent Address :			
9	Mobile Number : (for urgent matters)			
10	WhatsApp Number & Email ID :			
11	Name in full of Father/ Guardian/ Husband :			
12	Registration Number issued by MCI/ State Medical Councils:			

Contd. In next page.

Note: Please fill up the Admit Card, wherever applicable, and submit along with the Application Form.

13. Details of required essential qualifications :
(*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 obtained.
MBBS					
MD/ MS/ Dip.					

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

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.	MBBS Pass Certificate & Marks Statement. (showing marks obtained in ALL examinations)	
3.	MD/ MS Pass Certificate & Marks Statement. (showing marks obtained in ALL examinations)	
4.	Completion certificate of compulsory rotating internship.	
5.	Caste Certificate (issued NOT before one year), if applicable.	
6.	Registration Certificate issued by MCI/ State Medical Councils:	
7.	2 self-attested Passport 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 Attendance Sheet and Admit Card and submit along with the Application form.

Note: Please fill up the Admit Card, wherever applicable, and submit along with the Application Form.

GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES

**WALK IN INTERVIEW FOR CONTRACTUAL ENGAGEMENT OF
MEDICAL OFFICER
(FOR COVID DUTIES)**

ADMIT CARD

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

Roll Number :

(to be allotted by office)

Date & time of Interview :

Roll No.	Date/ day of Interview.
1001-1100:	17-Aug-2020 (Monday).
1101-1200:	18-Aug-2020 (Tuesday).
1201-1300:	19-Aug-2020 (Wednesday).
1301-1400:	20-Aug-2020 (Thursday).
1401-1500:	21-Aug-2020 (Friday).
1501-1600:	22-Aug-2020 (Saturday).
1601-1700:	24-Aug-2020 (Monday).
1701-1800:	25-Aug-2020 (Tuesday).

Time of Interview : **8 AM onwards.**

(details to be notified in website: manipurhealthdirectorat.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/Gen):		Gender : (please tick)	Male / Female.
Present address:			
Mobile Number:			
Father's/ Guardian's name:			

Signature of Issuing Authority
(FOR OFFICIAL USE ONLY)

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

----- **to cut and detach for self-information** -----
Check list of **Original** documents to be produced during Interview : Please tick whichever is applicable.

1.	Class-X Certificate (showing date of birth).	
2.	MBBS Pass Certificate & Marks Statement. (showing marks obtained in ALL examinations)	
3.	MD/ MS Pass Certificate & Marks Statement. (showing marks obtained in ALL examinations)	
4.	Completion certificate of compulsory rotating internship.	
5.	Caste Certificate (issued NOT before one year), if applicable.	
6.	Registration Certificate issued by MCI/ State Medical Councils:	
7.	2 self-attested Passport size Photographs (1 each to be pasted in Application form, Admit Card).	

Note: Please fill up the Admit Card, wherever applicable, and submit along with the Application Form.