

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
(3.5cmx5cm) 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): <small>(as in essential educational qualification certificate)</small>			
2	Date of birth (DD/MM/YYYY): <small>(as in Class-X certificate)</small>			
3	Age : <small>(as on the date of notification)</small>	Years:	Months:	Days:
4	Gender: <small>(Male / Female/ 3rd gender)</small>			
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 : <small>(for urgent matters)</small>			
10	WhatsApp Number & Email ID :			
11	Name in full of Father/ Guardian/ Husband :			
12	Registration Number issued by MCI/ State Medical Councils/ MMC:			

Contd. In next page.

Note: Please fill up the Admit Card, wherever applicable, and submit along with the Application Form.
For information, please contact **8787512003**.

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 (in full course)	Percentage of Marks obtained.
*MBBS					
*MD/ MS/ Dip.					

* Only the % of marks obtained in the best performed course (MBBS/ higher) will be considered.

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/ MD/ MS/ Dip.(any one): Pass Certificate & Marks Statement. (showing marks obtained in the best performed course)	
3.	Completion certificate of compulsory rotating internship.	
4.	Caste Certificate (issued NOT before one year), if applicable.	
5.	Registration Certificate issued by MCI/ State Medical Council/ MMC.	
6.	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 Admit Card and submit along with the Application form at the time of Registration.

Note: Please fill up the Admit Card, wherever applicable, and submit along with the Application Form. For information, please contact **8787512003**.

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 of Interview :
Time of Interview : 10AM onwards on a first come, first served basis.
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 & self-attested photocopies of required essential documents** to be produced during Interview : Please **tick** whichever is applicable.

1.	Class-X Certificate (showing date of birth).	
2.	MBBS/ MD/ MS/ Dip.(any one): Pass Certificate & Marks Statement. (showing marks obtained in the best performed course)	
3.	Completion certificate of compulsory rotating internship.	
4.	Caste Certificate (issued NOT before one year), if applicable.	
5.	Registration Certificate issued by MCI/ State Medical Council/ MMC.	
6.	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.
For information, please contact **8787512003**.