

**GOVERNMENT OF MANIPUR
DIRECTORATE OF HEALTH SERVICES
APPLICATION FORM FOR ENGAGEMENT OF
CONTRACTUAL STAFF FOR COVID DUTIES**

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

Name of post: (strike out whichever is NOT applicable)	1. STAFF NURSE/ 2. MULTITASKING STAFF
Roll Number: (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 the date of notification)	Years:	Months:	Days:
4	Gender: (Male / Female/ 3 rd 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 :			
12	Registration Number of RN or RN&RM 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:

(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.
Class-X. (for MTS)					
*GNM. (for Staff Nurse)					
*B.Sc.Nursing. (for Staff Nurse)					
*M.Sc.Nursing. (for Staff Nurse)					

*for staff nurse, % marks obtained in the best performed course (GNM/ BSc.Nsg/ MSc.Nsg) will be considered.

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 / B.Sc.Nsg./M.Sc.Nsg. course (any one): Pass Certificate & Marks Statement. (showing marks obtained in the best performed course)	
3	Caste Certificate (issued NOT before one year), if applicable.	
4	A-Grade Nurse (RN or RN&RM) Registration Certificate issued by the Manipur Nursing Council.	
5	Work Experience Certificate(s) issued by hospitals (50-bedded or above). (showing number of completed years of work experiences)	
6	2 self-attested 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.

**WALK IN INTERVIEW FOR ENGAGEMENT OF
CONTRACTUAL STAFF FOR COVID DUTIES**

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
(3.5cm x 5 cm)

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.

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):	
Present address:			
Mobile Number:			
Father's/ Guardian's name:			

Check list of **Original** documents to be produced during Interview :

1	Class-X Certificate (showing date of birth) & Marks Statement.	
2	GNM / B.Sc.Nsg./ M.Sc.Nsg. (any one): Pass Certificate & Marks Statement. (showing marks obtained in the best performed course)	
3	Caste Certificate (issued NOT before one year), if applicable.	
4	A-Grade Nurse (RN or RN&RM) Registration Certificate issued by the Manipur Nursing Council.	
5	Work Experience Certificate(s) issued by hospitals (50-bedded or above). (showing number of completed years of work experiences)	
6	2 self-attested 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/registration)