

APPLICATION FORM FOR THE POST OF JUNIOR RESIDENT, JNIMS.

**JAWAHARLAL NEHRU INSTITUTE OF MEDICAL
SCIENCES, POROMPAT, IMPHAL EAST, MANIPUR**

Sl. No.
(to be filled by officials)

Affix recent
Passport size
Photograph
with Self
attestation.

(To be filled in CAPITAL LETTERS only)

(Read the instructions carefully before filling up the Application FORM)

1. Name of the Applicant :
2. Father's/Husband's Name :
3. Sex (Male/Female) :
4. Date of Birth (DD/MM/YYYY) :/...../.....
5. Age as on **01/01/2021** Years..... Months..... Days.....
6. Present address & Contact No. :
-
7. Permanent address :
-
8. Mother Tongue :
9. Medical Council of India / State Medical Council registration No
(to be enclosed copies of valid Registration Certificate)

10. Document enclosed :

Sl. No.	Details of documents enclosed	No. of documents	Tick (✓) if enclosed
1.	Class-X Certificate		
2.	MBBS Certificate		
3.	MBBS Mark sheet (First to final MBBS)		
4.	Internship completion certificate		
5.	Attempt certificate		
6.	Self Certification/Self attestation form		

11. Educational qualifications (essential) and marks obtained : (to be supported by self attested copies of certificates and mark sheets)

Examination Passed	Name of Board/University	Year of passing	Total marks	Marks obtained	Percentage
MBBS 1 st Year					
MBBS 2 nd Year					
MBBS 3 rd Year					
MBBS Final Year					
Internship Completion Year					

12. Attempt in final year :

13. Preference

Sl. No	Name of Department
1.	ANESTHESIOLOGY
2.	GEN. SURGERY
3.	GEN. MEDICINE
4.	MEDICINE (ICCU)
5.	MEDICINE (ICU)
6.	OPHTHALMOLOGY
7.	ORTHOPEDICS
8.	PEDIATRICS
9.	T.B. & CHEST
10.	OBS. & GYNAE

*Preference should be serially numbered.

14. No of subject/Department where preference is given

Date :-

Place :-

Signature of the applicant

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Sl. No.
(to be filled by officials)

ACKNOWLEDGMENT SLIP

(To be filled by candidate)

Name of the Candidate :.....

Father's/Husband's Name :.....

Address :.....

(Signature of the Issuing Authority)

(Signature of the Candidate)

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Sl. No.
(to be filled by officials)

ACKNOWLEDGMENT SLIP

(To be filled by candidate)

Name of the Candidate :.....

Father's/Husband's Name :.....

Address :.....

(Signature of the Issuing Authority)

(Signature of the Candidate)

**FORMAT OF SELF – CERTIFICATION/SELF – ATTESTATION TO BE INCLUDED
IN THE APPLICATION FORM**

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

Dated:

(Signature of the Applicant)