

APPLICATION FORM FOR THE POST OF
MEDICAL SUPERINTENDENT
 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 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 01.11.2020 Years..... Months..... Days.....
6. Present Address & Contact No. :
-
7. Permanent Address :
-
8. Mother Tongue :
9. Whether Un-reserved/ST/SC/OBC [tick (√) in the relevant box below and enclose copy of the certificate with self attestation]

Un-reserved	ST	SC	OBC (Meitei)	OBC (Meitei Pangal)	OBC (Other)

10. Whether Physically Handicapped? (Yes/No)
 [if yes, tick (√) in the relevant box below and enclose self attested certificate]

Orthopedic handicapped	Visual handicapped	Hearing handicapped

11. Whether a Govt. Employee? (Yes/No)
 If yes, “**No Objection Certificate**” in original issued by the employer (Competent Authority) should be enclosed.

12. Medical Council of India / State Medical Council registration No.
(to be enclosed copies of Valid Registration Certificate)

13. Document enclosed :

Sl. No.	Details of documents enclosed	No. of documents	Tick (√) if enclosed
1.	Class-X Certificate		
2.	MBBS Certificate/Mark Sheet		
3.	P.G. Certificate/Mark Sheet		
4.	Administrative Experience		
5.	Any other experience		
8.	ST/SC/OBC Certificate (if applicable)		
9.	PH Certificate (if applicable)		
10.	No Objection Certificate (for Govt. employees)		
11.	Self Certification/Self attestation form		

14. Working Experience:

Sl. No.	Designation	Particulars of work experience	Name of the Organization	Period	Remarks
1.					
2.					
3.					
4.					

15. The above information is true to the best of my knowledge and no part of it is false and nothing is concealed. I shall be liable for disqualification for furnishing wrong information, if any.

Date :

Place :

Signature of the applicant

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ACKNOWLEDGMENT SLIP

(For Official Use)

Received a sum of Rs. from

Name of the Candidate :

Father's/Husband's Name :

Address :

Whether UR/SC/ST/OBC/PH :

(Signature of the Issuing Authority)

(Signature of the Candidate)

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ACKNOWLEDGMENT SLIP

(To be filled by candidate)

Name of the Candidate :

Father's/Husband's Name :

Address :

Whether UR/SC/ST/OBC/PH :

(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 State.....

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 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)

**INSTRUCTION TO THE APPLICANT FOR FILLING UP OF APPLICATION FORM
FOR THE POST OF MEDICAL SUPERINTENDENT
J.N. INSTITUTE OF MEDICAL SCIENCES.**

1. Applicant should fill in all entries in the application form in his/her own handwriting in Capital Letters only.
2. Column No. 1 : Name of the applicant should be written in full including surname as appeared in Matriculation Certificate.
3. Column No. 2 : Name of the father or husband should be written in full.
4. Column No. 3 : Write the sex clearly as male or female.
5. Column No. 4 & 5 : Write the Date of Birth clearly (DD/MM/YYYY).
6. Column No. 6 & 7 : Write present and permanent postal address in full, including house number, street name, area name, village, circle and district with PIN code & contact no. for future correspondence.
7. Column No. 9 : All applicants should indicate their social categories (whether belonging to Unreserved/OBC/ST/SC/PH) by putting tick (√) in the space/box provided. If any applicant fails to tick mark, or fails to enclose self attested photocopy of reservation certificate, he/she will be treated as Un-reserved. No. further claim will be entertained after the last date of submission of application form. Candidates belonging to Physically Handicapped categories should also indicate whether they belong to Un-reserved or ST or SC or OBC.
8. Column No. 10: Applicants claiming reservation under Physically Handicapped categories should indicate whether they suffer from Orthopedically or Visual or Hearing disability by ticking (√) in relevant column.
9. Column No. 11: Applicants should indicate whether he/she is a Govt. employee at present. If yes, "No Objection Certificate" from the competent authority should be enclosed in Original.
10. Column No. 12: Applicant should enclosed valid registration certificate.
11. Column No. 13 & 14: Applicants should enclosed academic qualification certificates and indicate the examinations passed and other details including the total marks allotted, the marks obtained and the percentage of each of the examinations.
12. Applicants should affix recent passport size photograph with self attestation.
13. Applicants should submit self attested copies of relevant certificates and marks sheets as proof of their claim and are required to produce respective certificates in original for verification at the time of personal interview / viva - voce.
14. Applicants should submit the Declaration required for self attestation of certificates and mark sheets submitted as enclosed in the application form.