

APPLICATION FORM

FOR THE POST OF
SENIOR RESIDENT
JAWAHARLAL NEHRU INSTITUTE OF MEDICAL SCIENCES,
POROMPAT, IMPHAL EAST, MANIPUR

Sl. No.
(to be filled by officials)

POST APPLIED :
DEPARTMENT:

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 **13/05//2021** 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. Research Publication (if any) in indexed Journals.

14. Document to be enclosed :

Sl. No.	Details of documents enclosed	No. of documents	Tick (✓) if enclosed
1.	Class-X Certificate		
2.	MBBS Certificate/Mark sheet (1 st to Final)		
4.	Attempt certificate (Professional wise exam)		
5.	MD/MS/DNB certificate in the concerned subject and Mark Sheet		
7.	Teaching Experiences		
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		
12.	Registration certificate UG & PG of State Medical Council		

15. 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
Class – X					
MBBS 1 st Professional					
MBBS 2 nd Professional					
MBBS 3 rd Professional					
MBBS Final Year (3 rd Professional part-II)					
MD/MS /DNB					
Others					

16. 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

**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 of the fact that if the
information given by me is proved false/not true at any point of time, 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
SENIOR RESIDENT/TUTOR/DEMONSTRATOR/LADY MEDICAL OFFICER**

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 Research publication (if any) in indexed journals.
14. 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.
15. Applicants
should submit the Declaration required for self attestation of certificates and mark sheets submitted as enclosed in the application form.

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

Sl. No.
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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)

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

Sl. No.
(to be filled by officials)

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)