

**APPLICATION FORM FOR THE POST OF ASSISTANT PROFESSOR, DENTAL
COLLEGE, 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 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 20-12-2018 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]

Orthopaedic 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. Dental Council of India / State Dental Council registration No
 (to enclosed copies valid Registration certificates)

13. Document enclosed :

Sl. No.	Details of documents enclosed	No. of documents	Tick (√) if enclosed
1.	Class-X Certificate		
2.	Class-XII Certificate		
3.	BDS Certificate		
4.	BDS Mark sheet (First to final BDS)		
5.	MDS Degree certificate in the concerned subject.		
6.	MDS Degree mark sheets in the concerned subject		
7.	ST/SC/OBC Certificate (if applicable)		
8.	PH Certificate (if applicable)		
9.	No Objection Certificate (for Govt. employees)		
10.	Self Certification/Self attestation form		

14. 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					
Class -XII					
BDS 1 st Year					
BDS 2 nd Year					
BDS 3 rd Year					
BDS Final Year					
MDS					

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

**ASSISTANT PROFESSOR, DENTAL COLLEGE, JAWAHARLAL NEHRU
INSTITUTE OF MEDICAL SCIENCES, POROMPAT, IMPHAL EAST, MANIPUR.**

Sl. No.
(to be filled by officials)

PAYMENT RECIEPT
(Application Fees)

(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)

**ASSISTANT PROFESSOR, DENTAL COLLEGE, 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)

**INSTRUCTION TO THE APPLICANT FOR FILLING UP OF APPLICATION FORM
FOR THE POST OF ASSISTANT PROFESSOR, JNIMS DENTAL COLLEGE**

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. 13: Applicants should indicate the examinations passed and other details including the total marks allotted, the marks obtained and the percentage of each of the examinations.
11. Applicants should affix recent passport size photograph with self attestation.
12. 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.
13. Applicants should submit the Declaration required for self attestation of certificates and mark sheets submitted. Format for Self attestation may be downloaded from Institute’s website www.jnims.in.

**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, 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)