

APPLICATION FORM FOR THE POST OF **JUNIOR RESIDENT**, JNIMS(JULY,2025).

GOVERNMENT OF MANIPUR  
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 **01/07/2025** 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		
7.	Screening test pass certificate (For pass out from outside India)		

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 <sup>st</sup> Year					
MBBS 2 <sup>nd</sup> Year					
MBBS 3 <sup>rd</sup> Year					
MBBS Final Year					
Internship Completion Year					
Screening test pass certificate/ FMGE (For pass out from outside India)					

Attempt in final year/FMGE :

12. Preference

Sl. No	Name of Department	Preference (to be indicated numerically e.g. 1 <sup>st</sup> , 2 <sup>nd</sup> ....)
1.	Anaesthesiology (should also be ready to be posted in other Medicine & Surgery allied)	
2.	ATC	
3.	ATC ICU	
4.	DR TB	
5.	E.N.T.	
6.	Endocrinology	
7.	Gen. Medicine (should also be ready to be posted in other Medicine & allied)	
8.	Medicine (Dialysis)	
9.	Gen. Surgery (should also be ready to be posted in other Surgery & allied)	
10.	Surgical ICU	
11.	Neurosurgery	
12.	Nephrology	
13.	Orthopaedics	
14.	Obs. & Gynae	
15.	Ophthalmology	
16.	Paediatrics	
17.	Psychiatry	
18.	Radiodiagnosis (should also be ready to be posted in other Medicine & Surgery allied)	
19.	Respiratory ICU	
20.	TB & Chest	
21.	Urology	

13. No. of subject/Department where preference is given

14. Whether any JR ship done? Yes/No. If yes, no. of months done  
Date :-

Place :-

Signature of the applicant

**JUNIOR RESIDENT, JULY, 2025  
GOVERNMENT OF MANIPUR  
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 :.....

(Signature of the Issuing Authority)

(Signature of the Candidate)

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**JUNIOR RESIDENT, JULY, 2025  
GOVERNMENT OF MANIPUR  
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 :.....

(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)