

APPLICATION FORM FOR THE POST OF **JUNIOR RESIDENT**, JNIMS(FEBRUARY,2026).

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 **01/02/2026** 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 st Year					
MBBS 2 nd Year					
MBBS 3 rd 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 st , 2 nd)
1.	Anesthesiology	
2.	ATC	
3.	ATC ICU	
4.	Blood Bank	
5.	Dermatology	
6.	DR TB	
7.	Endocrinology	
8.	Medicine (Dialysis)	
9.	Medicine ICCU	
10.	Neurosurgery	
11.	Nephrology	
12.	Obs. & Gynae	
13.	Ophthalmology	
14.	Pediatrics	
15.	Pediatrics ICU	
16.	PMR	
17.	Psychiatry	
18.	Respiratory ICU	
19.	Radiation Oncology	
20.	Surgical ICU	
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

**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)

**JUNIOR RESIDENT, FEBRUARY, 2026
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)

**JUNIOR RESIDENT, FEBRUARY, 2026
GOVERNMENT OF MANIPUR
JAWAHARLAL NEHRU INSTITUTE OF MEDICAL SCIENCES, POROMPAT,
IMPHAL EAST, MANIPUR**

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