

APPLICATION FORM FOR THE POST OF ASSISTANT PROFESSOR
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.

DEPARTMENT/UNIT:.....

(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 **01.05.2022** Years.....Months..... Days.....
6. Present address & Contact No. (Mandatory) :
.....
7. Permanent address :
.....
8. Mother Tongue : Knowledge of Local Language (Yes/No)
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. Document enclosed :

Sl. No.	Details of documents enclosed	No. of documents	Tick (✓) if enclosed
1.	Class-X Certificate		
2.	Class-XII Certificate		
3.	MBBS Certificate		
4.	Mark sheet (First to final MBBS)		
5.	MD/MS/DNB Certificate.		
6.	DM/MCh. Certificate		
7.	1 (one) year Senior Resident Certificate in the concerned subject in a recognized/permitted medical college after acquiring MD/DNB Degree.		
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		

13. 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					
MBBS (First to final)					
MD/MS/DNB					
DM/MCh.					

14. 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

Sl. No.
(to be filled by officials)

AKNOWLEDGMENT SLIP

DEPARTMENT/UNIT:.....

Affix recent
Passport size
Photograph with
Self attestation

(To be filled by candidate)

Name of the Candidate :.....

Father's/Husband's Name :.....

Address :.....

Whether SC/ST/OBC/PH :.....

(Signature of the Issuing Authority)

(Signature of the Candidate)

ASSISTANT PROFESSOR

Sl. No.
(to be filled by officials)

AKNOWLEDGMENT SLIP

DEPARTMENT/UNIT:.....

Affix recent
Passport size
Photograph with
Self attestation

(To be filled by candidate)

Name of the Candidate :.....

Father's/Husband's Name :.....

Address :.....

Whether 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, 2022**

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 : 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) 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. Applicants belonging to OBC categories should enclose certificates which are issued on or after 01.04.2022. 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 Orthopaedic 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: Applicants should attached all relevant documents
11. 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.
12. Applicants should affix recent passport size photograph with self attestation.
13. Applicants should submit 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 Form submission.
14. Applicants should submit the Declaration required for self attestation of certificates and mark sheets.

**FORMAT OF SELF – CERTIFICATION/SELF – ATTESTATION TO BE INCLUDED
IN THE APPLICATION FORM**

I..... Son/Daughter of
Shri/Smt.....Aged about (D.O.B.....)
Resident ofDistrict
....., State hereby declared that the information
given above and in the enclosed documents 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.

Place:

Date:

(Signature of the Applicant)