



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

APPLICATION FORM

NAME OF POST:

Affix recent
Passport size
Photograph
with Self
attestation.

Receipt No.

Exchange No.

(To be filled in CAPITAL LETTERS only)

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**2020** Years..... Months..... Days.....
6. Present address :
.....
Contact No.....
7. Permanent address :
.....
.....
8. Mother Tongue :
9. Whether Un-reserved/ST/SC/OBC (Meitei/Meitei Pangal/Others:
(Please tick (✓) in the relevant box below and enclosed copy of Self Attested certificate)

Un-reserved	ST	SC	PWD	OBC (Meitei)	OBC (Meitei Pangal)	OBC (Other)

10. Whether a Government Employee? (Yes/No)

If yes, "**No Objection Certificate**" in original issued by the employer (Competent Authority) should be enclosed.

11. Document enclosed :

Sl. No.	Details of documents enclosed	No. of documents	Tick (✓) if enclosed
1.	Class-X Certificate		
2.	Class-XII Certificate		
3.	Course Certificate		
4.	Mark sheet		
5.	Experience Certificate (if any)		
6.	ST/SC/OBC Certificate (if applicable)		
7.	PH Certificate (if applicable)		
8.	No Objection Certificate (for Govt. employees)		
9.	Self Certification/Self attestation form		

12. 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					
Others					

13. 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

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ADMIT CARD

NAME OF POST:.....

Roll No.
(For Official Use)

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)

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ADMIT CARD
NAME OF POST:

Roll No.
(For Official Use)

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)

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)