## OFFICE OF THE STATE HEALTH SOCIETY, NHM, MANIPUR

## **APPLICATION FORM**

Post applied for: **STAFF NURSE** 

Roll Number: (to be allotted by Office)
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Paste self-attested recent Passport size photograph (3.5cmx5cm) with white background.

		First name	Middle Name	Last Name
1	Name in full (in BLOCK letters): (as in essential educational qualification certificate)			
2	Date of birth (DD/MM/YYYY): (as in Class-X certificate)			
3	Age: (as on the date of notification)	Years:	Months:	Days:
4	Gender: (Male / Female/ 3 <sup>rd</sup> gender)			
5	Caste (OBC-M / OBC-MP / OBC-TN /SC /ST / Gen):		PWD (yes / no)	
6	If female, are you pregnant or nursing a feeding child (below 12 months of age)?	Yes / No	If Yes, please give details	
7	Present Address:			
8	Permanent Address: (if same as present address, mention 'SAME as SI.No.6')			
9	Mobile Number: (for urgent matters)			
10	WhatsApp Number & Email ID :			
11	Name in full of Father/ Guardian/ Husband :			

12		n Number of RN or der Manipur Nursing						
3.		uired Educational Qua						
F	xamination	hichever is NOT applic Name of Board /	Year of	Full Marks	Total Marks	Percentage		
_	Passed.	University.	passing.	(entire course)	obtained (in entire course)	of Marks obtained.		
	NM / Sc.Nursing.							
lf a	ov candidate ha	as passed both GNM & E	S Sc Nursing	courses please	enter marks obtained	l in the RETTER		
		( <b>GNM or BSc.Nsg</b> ). Stri				I III UIE BEI I EK		
Check list of <b>self-attested photo copies</b> to be enclosed    Tick whichever								
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		(in the fo	ollowing orde		osed	<b>Tick</b> whichever is applicable.		
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Signature in full of the Candidate.

Date: .....

## ADMIT CARD FOR RECRUITMENT OF STAFF NURSE

## UNDER STATE HEALTH SOCIETY, NHM, MANIPUR

Paste recent self-attested passport size photograph (3.5cm x 5 cm)

	<b>Number</b> : e allotted by office)			(3.5cm x			
asse Plac	e of assessment : Of La		ıl website www.nrhmma <b>Society, NHM, Manip</b> u 95004.	. 0			
Plea	se admit	First Name	Middle Name	Last Name			
	ame in full BLOCK letters):						
	ate of birth (dd/mm/yyyy) s in Class-X certificate)	:					
Ca	aste (OBC/SC/ST/Others	3):	Gender : (please tick)	Male / Female / 3 <sup>rd</sup> gender			
Pr	esent address:		1				
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Fa	ther's/ Guardian's name	:					
(FOI	eature of Issuing Authorit R OFFICIAL USE ONLY Check list of ORIGINAL copie	(to be s	Signature in full of the signed at the time of Food	orm submission)			
1	Class-X Certificate (showing			іѕ арріісавіе.			
2	GNM / B.Sc.Nursing Pass C obtained)*						
3	GNM / B.Sc.Nursing Marks (obtained)*						
4	Caste Certificate, if applicable. (issued NOT before one year in case of OBC)						
5	A-Grade Nurse (RN or RN & RM) Registration Certificate issued by the Manipur Nursing Council. (if not available, please submit the acknowledgement slip of applying for registration certificate from the MNC).						
6	2 self-attested PP size photo Admit Card).	ographs (1 each to be pas	sted in Application form &				

<sup>\*</sup> Strike out whatever is not applicable.