

OFFICE OF THE
STATE HEALTH SOCIETY, NHM, MANIPUR

APPLICATION FORM

Post applied for: **DATA ENTRY OPERATOR**

Paste self-attested recent Passport size photograph (3.5cmx5cm) with white background.

Roll Number: (to be allotted by Office)	
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		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	Gender: (Male / Female/ 3 rd gender)			
4	Caste (OBC-M / OBC-MP / OBC-TN /SC /ST / Gen):		PWD (yes / no)	
5	Residential Address:			
6	Mobile Number: (for urgent matters)			
7	WhatsApp Number & Email ID :			
8	Name in full of Father/ Guardian/ Husband :			
9	Experience in healthcare projects with multidisciplinary teams.	Yes	No	

10. Details of required Educational Qualifications:
(*strike out whichever is NOT applicable*)

Examination Passed.	Name of Board / University.	Year of passing.	Full Marks (entire course)	Total Marks obtained (in entire course)	Percentage of Marks obtained.
DCA.					

Check list of **self-attested photo copies** to be enclosed
(in the following order):

Tick whichever is
applicable.

1	Class-X Certificate (showing date of birth).	
2	DCA Pass Certificate	
3	DCA Marks Statements	
4	Caste Certificate, if applicable. (issued NOT before one year in case of OBC)	
5	2 self-attested PP size photographs (1 each to be pasted in Application form & Admit Card).	
6	Certificate for experience in healthcare projects with multidisciplinary teams.	

* Strike out whatever is not applicable.

11. SELF DECLARATION :

I,, undertake and certify that the foregoing information is correct and complete to the best of my knowledge and belief; and I shall be responsible and may be prosecuted for wilfully submitting wrong or fabricated information, if there is any.

Place:

Date:

Signature in full of the Candidate.

**ADMIT CARD
FOR RECRUITMENT OF
DATA ENTRY OPERATOR**

UNDER STATE HEALTH SOCIETY, NHM, MANIPUR

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

Roll Number :
(to be allotted by office)
Date & Time of exam/assessment : will be notified in official website www.nrhmanipur.org
Place of assessment : Office of **State Health Society, NHM, Manipur.**
Lamphelpat, Imphal-795004.

Please admit

	First Name	Middle Name	Last Name
Name in full (in BLOCK letters):			
Date of birth (dd/mm/yyyy): (as in Class-X certificate)			
Caste (OBC/SC/ST/Others):		Gender : (please tick)	Male / Female / 3 rd gender
Present address:			
Mobile Number:			
Father's/ Guardian's name:			

Signature of Issuing Authority
(FOR OFFICIAL USE ONLY)

Signature in full of the Candidate
(to be signed at the time of Form submission)

-----to cut and detach for self-information-----

Check list of **ORIGINAL copies of required essential documents** to be produced during Interview :

Please **tick** whichever is applicable.

1	Class-X Certificate (showing date of birth).	
2	DCA Pass Certificate	
3	DCA Marks Statements	
4	Caste Certificate, if applicable. (issued NOT before one year in case of OBC)	
5	2 self-attested PP size photographs (1 each to be pasted in Application form & Admit Card).	
6	Certificate for experience in healthcare projects with multidisciplinary teams.	

* Strike out whatever is not applicable.

ACKNOWLEDGEMENT CUM MONEY RECEIPT
(Official copy to be attached to the Application Form)

Sl.No. (to be allotted by official).

Received the application form & a sum of Rs (in words
..... only) from (name)

....., whose signature is given below, belonging to category of GEN / OBC /
SC / ST (to tick anyone) being charges for application processing, oral assessment, etc.

Signature of candidate :

for
SMD, NHM, Manipur.

.....

ACKNOWLEDGEMENT CUM MONEY RECEIPT
(Personal copy)

Sl.No.
(to be allotted by official).

Received the application form & a sum of Rs (in words
..... only) from (name)

....., whose signature is given below, belonging to category of GEN / OBC /
SC / ST (to tick anyone) being charges for application processing, oral assessment, etc.

Signature of candidate :

for
SMD, NHM, Manipur.