

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

APPLICATION FORM

Post applied for: **PHYSIOTHERAPIST**

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	Age : (as on the date of notification)	Years:	Months:	Days:
4	Gender: (Male / Female/ 3 rd 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 Sl.No.6')			
9	Mobile Number: (for urgent matters)			
10	WhatsApp Number & Email ID :			
11	Name in full of Father/ Guardian/ Husband :			

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

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

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	Pass Certificate of Degree in Physiotherapy .	
3	Marks Statements of Degree in Physiotherapy.	
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).	

13. 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
PHYSIOTHERAPIST
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	Pass Certificate of Degree in Physiotherapy.	
3	Marks Statements of Degree in Physiotherapy.	
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).	