

OFFICE OF THE  
STATE HEALTH SOCIETY, NHM, MANIPUR

**APPLICATION FORM**

Post applied for: **PROGRAM COORDINATOR (CMHA)**

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 <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 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)*

Examination Passed.	Name of Board / University.	Year of passing.	Full Marks (entire course)	Total Marks obtained (in entire course)	Percentage of Marks obtained.
MBA /Master in Social Work /MA (Sociology)*					

\* Strike out whatever is not applicable.

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	*MBA /Master in Social Work /MA (Sociology) Pass Certificate.	
3	*MBA /Master in Social Work /MA (Sociology) Marks Statements.	
4	Caste Certificate, if applicable. (issued NOT before one year in case of OBC)	
5	2 <b>self-attested</b> PP size photographs (1 each to be pasted in Application form & Admit Card).	

\* Strike out whatever is not applicable.

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**  
**PROGRAM COORDINATOR (CMHA)**  
**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.nrhmmanipur.org](http://www.nrhmmanipur.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 <sup>rd</sup> 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	MBA /Master in Social Work /MA (Sociology) Pass Certificate*	
3	MBA /Master in Social Work /MA (Sociology) 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).	

\* Strike out whatever is not applicable.