

OFFICE OF THE
STATE HEALTH SOCIETY, NHM, MANIPUR

APPLICATION FORM

Post applied for: **DIGITAL RECORD KEEPER**

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-TNB / SC / ST / Gen):		PWD (yes / no)	
5	If female, are you pregnant or nursing a feeding child (below 12 months of age)?	YES / NO	If YES, please give details.	
6	Present Address :			
7	Permanent Address : (if same as present address, mention SAME)			
8	Mobile Number : (for urgent matters)			
9	WhatsApp Number & Email ID :			
10	Name in full of Father/ Guardian/ Husband :			

Please turn to next page /-

Note: Please fill up the Admit Card, wherever applicable, and physically submit along with the Application Form.

11. Details of required essential 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.
*BA / BSc / equivalent.					

* Knowledge in Microsoft Excel and Word is essential.

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.	BA/ BSc / equivalent exam Marks Statement.	
3.	Caste Certificate, if applicable. (issued NOT before one year in case of OBC)	
4.	2 self-attested Passport size Photographs (to paste 1 each in Application form & Admit Card).	
5.	Certificate for knowledge in Microsoft Excel / Word.	

12. **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.

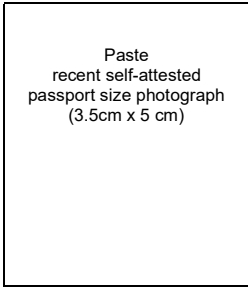
Place:

Date:

Signature in full of the Candidate.

Note: Please fill up the Admit Card, wherever applicable, and physically submit along with the Application Form.

ADMIT CARD
FOR RECRUITMENT OF
DIGITAL RECORD KEEPER
UNDER STATE HEALTH SOCIETY, NHM, MANIPUR



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/Gen):		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 self-attested photo copies to be enclosed

(in the following order):

Tick whichever is applicable.

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