

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

APPLICATION FORM

Post applied for: **OT TECHNICIAN**

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	No. of years of experience in OT (for OT Technician)			
13	No. of years of experience in Cath Lab (for Cath Lab Technician)			

14. 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.
P.U.Sc./ Equivalent with Biology					
O.T. Technician Course					

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	P.U.Sc. Biology stream / equivalent exam Marks Statements (for full course).	
3a	OT Technician course Pass Certificate.	
3b	OT Technician course Marks Statement (for full course).	
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 OT (for OT Technician)	
7	Certificate for experience in Cath Lab (for Cath Lab Technician)	

* Strike out whatever is not applicable.

15. 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
OT TECHNICIAN
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	P.U.Sc. Biology stream / equivalent exam Marks Statements (for full course).	
3a	OT Technician course Pass Certificate.	
3b	OT Technician course Marks Statement (for full course).	
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).	
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* Strike out whatever is not applicable.