

OFFICE OF THE  
STATE HEALTH SOCIETY, NHM, MANIPUR

**APPLICATION FORM**

Post applied for: **RECEPTIONIST**

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 <sup>rd</sup> 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.					

HSLC / equivalent.

**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 <b>self-attested</b> Passport size Photographs (to paste 1 each in Application form & Admit Card).	

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.*

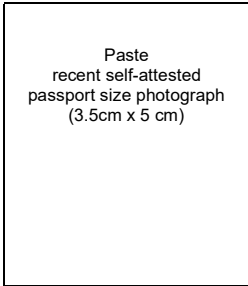
Place: .....

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**  
**RECEPTIONIST**  
**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](http://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 <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 self-attested photo copies to be enclosed**

(in the following order):

Tick whichever is applicable.

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