

OFFICE OF THE  
STATE HEALTH SOCIETY, NHM, MANIPUR

**APPLICATION FORM**

Post applied for: **CLINICAL PSYCHOLOGIST**

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-TN /SC /ST / Gen):		PWD (yes / no)	
5	Residential Address:			
6	Mobile Number: (for urgent matters)			
7	WhatsApp Number & Email ID :			
8	Name in full of Father/ Guardian/ Husband :			
9	PhD / M.Phil in Psychiatric Social Work	Yes	No	
10	Clinical/research experience in Telemedicine & Tele-Training.	Yes	No	
11	Experience with multidisciplinary research teams	Yes	No	

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.
M.A/ M.Sc. (Clinical Psychology).					

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	M.A. / M.Sc. (Clinical Psychology) Pass Certificate	
3	M.A. / M.Sc. (Clinical Psychology) Marks Statements	
4	Caste Certificate, if applicable. (issued NOT before one year in case of OBC)	
5	<b>2 self-attested</b> PP size photographs (1 each to be pasted in Application form & Admit Card).	
6	Ph.D / M.Phil in Psychiatric Social Work.	
7	Experience certificate for Clinical/research experience in Telemedicine & Tele-Training.	
8	Experience certificate for Experience with multidisciplinary research teams.	

\* Strike out whatever is not applicable.

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### 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**  
**CLINICAL PSYCHOLOGIST**  
**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  
 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	M.A. / M.Sc. (Clinical Psychology) Pass Certificate	
3	M.A. / M.Sc. (Clinical Psychology) 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).	
6	Ph.D / M.Phil in Psychiatric Social Work.	
7	Experience certificate for Clinical/research experience in Telemedicine & Tele-Training.	
8	Experience certificate for Experience with multidisciplinary research teams.	

\* Strike out whatever is not applicable.



ACKNOWLEDGEMENT CUM MONEY RECEIPT  
(Official copy to be attached to the Application Form)

Sl.No. .... (to be allotted by official).

Received the application form & a sum of Rs ..... (in words  
..... only) from (name)

....., whose signature is given below, belonging to category of GEN / OBC /  
SC / ST (to tick anyone) being charges for application processing, oral assessment, etc.

Signature of candidate : .....

for  
SMD, NHM, Manipur.

.....

ACKNOWLEDGEMENT CUM MONEY RECEIPT  
(Personal copy)

Sl.No. ....  
(to be allotted by official).

Received the application form & a sum of Rs ..... (in words  
..... only) from (name)

....., whose signature is given below, belonging to category of GEN / OBC /  
SC / ST (to tick anyone) being charges for application processing, oral assessment, etc.

Signature of candidate : .....

for  
SMD, NHM, Manipur.