

OFFICE OF THE  
STATE HEALTH SOCIETY, NHM, MANIPUR

**APPLICATION FORM**

Post applied for: **PSYCHIATRIC NURSE**

Paste self-attested recent Passport size photograph (3.5cmx5cm) with white background.

|  |  |
|--|--|
| Roll Number:<br>(to be allotted by Office) |  |
|--|--|

|    |   | First name | Middle Name    | Last Name |
|----|---|------------|----------------|-----------|
| 1  | Name in full (in BLOCK letters):<br>(as in essential educational qualification certificate) |            |                |           |
| 2  | Date of birth (DD/MM/YYYY):<br>(as in Class-X certificate)                                  |            |                |           |
| 3  | Gender:<br>(Male / Female/ 3 <sup>rd</sup> gender)  |            |                |           |
| 4  | Caste (OBC-M / OBC-MP / OBC-TN /SC /ST / Gen):  |            | PWD (yes / no) |           |
| 5  | Present Address:  |            |                |           |
| 6  | Mobile Number:<br>(for urgent matters)  |            |                |           |
| 7  | WhatsApp Number & Email ID :  |            |                |           |
| 8  | Name in full of Father/ Guardian/ Husband :   |            |                |           |
| 9  | Registration Number of RN or RN&RM under Manipur Nursing Council:                           |            |                |           |
| 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.Sc.Nursing (Psychiatry). |                             |                  |                            |   |                               |

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.Sc.Nursing (Psychiatry) Pass Certificate  |  |
| 3 | M.Sc.Nursing (Psychiatry) Marks Statements  |  |
| 4 | Caste Certificate, if applicable. (issued NOT before one year in case of OBC)   |  |
| 5 | A-Grade Nurse (RN or RN & RM) Registration Certificate issued by the Manipur Nursing Council. (if not available, please submit the acknowledgement slip of applying for registration certificate from the MNC). |  |
| 6 | 2 <b>self-attested</b> PP size photographs (1 each to be pasted in Application form & Admit Card).  |  |
| 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**  
**PSYCHIATRIC NURSE**  
**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 <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).  |  |
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| 3 | M.Sc.Nursing (Psychiatry) Marks Statements  |  |
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| 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.