

APPLICATION FORM FOR THE POST OF **JUNIOR RESIDENT**, JNIMS(May, 2022).

JAWAHARLAL NEHRU INSTITUTE OF MEDICAL
SCIENCES, POROMPAT, IMPHAL EAST, MANIPUR

Sl. No.
(to be filled by officials)

Affix recent
Passport size
Photograph
with Self
attestation.

(To be filled in CAPITAL LETTERS only)

(Read the instructions carefully before filling up the Application FORM)

1. Name of the Applicant :
2. Father's/Husband's Name :
3. Sex (Male/Female) :
4. Date of Birth (DD/MM/YYYY) :/...../.....
5. Age as on **01/05/2022** Years.....Months..... Days.....
6. Present address :
..... Contact No.....
7. Permanent address :
.....
8. Mother Tongue :
9. Medical Council of India / State Medical Council registration No
(to be enclosed copies of valid Registration Certificate)
10. Document enclosed :

Sl. No.	Details of documents enclosed	No. of documents	Tick (✓) if enclosed
1.	Class-X Certificate		
2.	MBBS Certificate		
3.	MBBS Mark sheet (First to final MBBS)		
4.	Internship completion certificate		
5.	Attempt certificate		
6.	Self Certification/Self attestation form		
7.	Screening test pass certificate (For pass out from outside India)		

11. Educational qualifications (essential) and marks obtained : **(to be supported by self attested copies of certificates and mark sheets)**

Examination Passed	Name of Board/University	Year of passing	Total marks	Marks obtained	Percentage
MBBS 1 st Year					
MBBS 2 nd Year					
MBBS 3 rd Year					
MBBS Final Year					
Internship Completion Year					
Screening test pass certificate/FMGE (For pass out from outside India)					

12. Attempt in final year/FMGE :

13. Preference

Sl. No	Name of Department	Preference (to be indicated numerically e.g. 1 st , 2 nd)
1.	Gen. Medicine	
2.	Nephrology	
3.	Dialysis	
4.	Medicine (ICCU)	
5.	Medicine (ICU)	
6.	Paediatrics	
7.	T.B. & Chest	
8.	DR TB	
9.	Dermatology	
10.	Psychiatry	
11.	Gen. Surgery	
12.	Neurosurgery	
13.	Surgical (ICU)	
14.	Orthopedics	
15.	E.N.T.	
16.	Obs & Gynae	
17.	Anaesthesiology	
18.	ATC	
19.	ATC (ICU)	
20.	PMR	
21.	Blood Bank	
22.	Radiodiagnosis	
23.	Respiratory (ICU)	

14. No. of subject/Department where preference is given

Date :-

Place :-

Signature of the applicant

**FORMAT OF SELF – CERTIFICATION/SELF – ATTESTATION TO BE INCLUDED
IN THE APPLICATION FORM**

I, Son/Daughter of
Shri/Smt
Aged.....(D.O.B.....) Resident of
..... District, Manipur hereby declare that the
information given above and in the enclosed document are true to the best of my
knowledge and belief and nothing has been concealed therein, I am aware of the fact
that if the information given by me is proved false/not true, I will have to face criminal
proceedings as per provision of the section 177, 193, 197, 198, 199 and 200 of the
Indian Penal Code and any other suitable provisions of Law. Also all the benefits availed
by me shall be summarily withdrawn.

Dated:

(Signature of the Applicant)

**JUNIOR RESIDENT,
JAWAHARLAL NEHRU INSTITUTE OF MEDICAL SCIENCES, POROMPAT,
IMPHAL EAST, MANIPUR**

Sl. No.

(to be filled by officials)

ACKNOWLEDGMENT SLIP

(To be filled by candidate)

Name of the Candidate :.....

Father's/Husband's Name :.....

Address :.....

(Signature of the Issuing Authority)

(Signature of the Candidate)

**JUNIOR RESIDENT,
JAWAHARLAL NEHRU INSTITUTE OF MEDICAL SCIENCES, POROMPAT,
IMPHAL EAST, MANIPUR**

Sl. No.

(to be filled by officials)

ACKNOWLEDGMENT SLIP

(To be filled by candidate)

Name of the Candidate :.....

Father's/Husband's Name :.....

Address :.....

(Signature of the Issuing Authority)

(Signature of the Candidate)