

APPLICATION FORM FOR THE POST **JUNIOR RESIDENT, JNIMS(DECEMBER, 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 instruction 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 **01/01/2023** 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. Documents enclosed:

Sl. No	Details of documents enclosed	No. of documents	Tick (✓) if enclosed

11. Education 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	Medicine (ICCU)	
3	Medicine (ICU)	
4	Hematology	
5	Nephrology	
6	Dialysis	
7	Endocrinology	
8	T.B. & Chest	
9	DR TB	
10	Respiratory (ICU)	
11	Dermatology	
12	Psychiatry	
13	Pediatrics	
14	Pediatrics (ICU)	
15	Gen. Surgery	
16	Surgical (ICU)	
17	Neurosurgery	
18	Urology	
19	Orthopedics	
20	Ophthalmology	
21	E.N.T.	
22	Obs & Gynae	
23	Anesthesiology	
24	ATC	
25	ATC (ICU)	
26	PMR	
27	Blood Bank	
28	Radiodiagnosis	

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

15. Whether any JR ship done? Yes/No. If yes, no. of months done

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 documents are true to the
best of my knowledge and belief and nothing has been concealed therein, I am aware of
the fact that if 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)

