

APPLICATION FORM FOR THE POST OF **JUNIOR RESIDENT**, JNIMS (JULY, 2024).

GOVERNMENT OF MANIPUR
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 **01/07/2024** 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)					

No. of attempt in final year/FMGE :

12. Preference

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

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

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

Date :-

Place :-

Signature of the applicant

JUNIOR RESIDENT, JULY, 2024

**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, JULY, 2024

**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)

**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)