

NATIONAL AMR CONTAINMENT PROGRAMME
 UNDER NATIONAL CENTRE FOR DISEASE CONTROL (NCDC),
 J. N. INSTITUTE OF MEDICAL SCIENCE, POROMPAT, IMPHAL EAST,
 GOVERNMENT OF MANIPUR.

APPLICATION FORM

Affix recent
photo
passport

Post applied for :

Name (in full block letter) :

Father's Name :

Address :

Date of Birth : Age (as on 01/05/2025)

Category (UR/OBC/SC/ST) : Sex (M/F)

Educational Qualification : Contact No.

Experience (Yes/No) : E-mail ID :

Address Proof [*Please tick*] : (Identity Card/Adhaar/PAN/Driving Licence/ Election ID).

Educational Qualification :

| Sl. No. | Documents | Name of Board/ Council/ University/ Institute | Name of the Course | Division/ Year of experience | Yes/No |
|---------|----------------------------------|-----------------------------------------------|--------------------|------------------------------|--------|
| 1. | Class – X/Board Certificate | | | | |
| 2. | Class – XII/ Council Certificate | | | | |
| 3. | Graduate Certificate | | | | |
| 4. | Additional Qualification | | | | |
| 5. | Experience Certificate | | | | |

DECLARATION:

I s/o, d/o

..... Age Date of Birth of

..... District Manipur, hereby

declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage, my candidature/appointment shall be liable to cancellation/termination without notice or any compensation in lieu thereof.

Signature of the candidate

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

Sl. No.
(to be filled by official)

ACKNOWLEDGMENT SLIP

Post applied for :
Name of candidate :
Father/Husband Name :
Addressed :

(Signature of the Issuing Authority)

(Signature of the Candidate)

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