

ENROLLMENT NO.

Application Form No.....

**GOVERNMENT OF MANIPUR
JAWAHARLAL NEHRU INSTITUTE OF MEDICAL SCIENCES
IMPHAL-EAST, MANIPUR – 795005**

**APPLICATION FORM FOR POSTGRADUATE COUNSELLING FOR ADMISSION
FOR THE SESSION – 2025**

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| <ol style="list-style-type: none">1. The candidate should fill in the application form with his/her own handwriting2. Before filling up form refer to<ol style="list-style-type: none">i. The Manipur Medical Postgraduate Seat Allotment Schemes, 2025.ii. Information Bulletin- PG Admission 2025-26 |
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Affix one recent passport size photograph here duly signed by the Candidate and attested on the front side by a Gazetted Officer with Official Seal

Name of the candidate:
(in block letters)

.....

Name of the attesting Officer:
(in block letters)

Designation:

Seal:

I hereby apply for the Counselling for admission to the postgraduate course in the Jawaharlal Nehru Institute of Medical Sciences, Imphal for the session 2025 under the category given below: Tick (✓) 'A' or 'B' or 'C' (Multiple choices allowed as per eligibility criteria notified in the Information Bulletin).

(A) In-Service (B) Direct (C) Institutional Preference

I am submitting herewith the following particulars in support of my application. All the documents are enclosed along with the application form for necessary perusal.

1.
(Name) (Middle name) (Surname)
2. Date of Birth: Nationality:.....
3. Unreserved (GEN) / ST / SC / OBC(M)/OBC(MP)/OBC(TN):Gender:
4. Father's Name:
Occupation:
5. Mother's Name:
Occupation:
6. Address : (In Block Letters)
 - a) Permanent Address:
(Please indicate pin code)
.....
 - b) Postal Address for Communication:
(Please indicate pin code)
.....
 - c) Other contact information :
Mobile / Phone No. (including STD Code) :
Fax No. (including STD Code) :
E-mail Address:
7. (a) Name of the College from which he/she
passed MBBS Examination:
- (b) Name of the University from which he/she
passed MBBS Examination:
- (c) Year of admission to MBBS Course:
- (d) Year of passing final MBBS Exam. :.....
- (e) No. of Attempt taken to pass : MBBS phase - I :
MBBS Phase II:
MBBS Phase III (Pt-I)
MBBS Phase III (Pt. II):

8. (a) Whether you have been admitted earlier at JNIMS in any PG Course and resigned or discontinued? if yes,
- (i) Year of Admission:
 - (ii) Subject:
 - (iii) Reason for discontinuation:
- (b) Whether you have completed any PG course (MD/MS/Diploma) under sponsored In-Service category?
if yes:
- (i) Study leave availed or not
9. Year and month of completion of Internship:
10. Permanent Medical Registration No. & Date with Name of the Medical Council :
.....
11. If in-service :
Name of the Organisation / Department:
Period: from: to.....

(Appointment order from concerned Government authority should be enclosed)

I hereby declare that the application form has been filled in with my own handwriting and the information given in the application form is correct. In case, at any stage if the information furnished by me is found incorrect my admission may be cancelled. I, further, declare that I have read the rules as given in the Information Bulletin/Prospectus and shall abide by the rules and regulations of the Institute.

I also agree to undergo the course on a whole time basis and shall not engage myself in private practice during the period.

Place:

Signature of the Candidate

Date:

DECLARATION OF THE FATHER / GUARDIAN OF THE CANDIDATE

I hereby declare that I will be responsible for timely payment of all dues payable to the Jawaharlal Nehru Institute of Medical Sciences, Imphal in respect of my son/daughter/ward/wife during the period of his / her study at the Jawaharlal Nehru Institute of Medical sciences, Imphal and hereafter until the accounts are cleared.

.....

Signature of the Father/Guardian

Place:

Address:

Dated:

.....

(To be attested by a Gazetted Officer)

CERTIFICATE TO BE FURNISHED BY THE EMPLOYER

(for in-service candidates applying in Direct category)

Certified that Dr. (Mr. /Miss/Mrs.): is serving as in the Department of since He / She will be relieved, if selected, for the postgraduate course within the stipulated time for admission. To the best of my knowledge he / she bears a good moral character.

Signature:

Name:

(In block letters)

Place:

Designation:

Dated:

Office Seal:

CERTIFICATE TO BE FURNISHED BY THE EMPLOYER

(only for in-service candidates)

1. Certified that Dr. (Mr. /Miss/Mrs.):
is sponsored for training leading to the award of MD/MS/Diploma at the Jawaharlal Nehru Institute of Medical Sciences, Imphal for the Session – 2025. He / She will be relieved, if selected, within the prescribed time as notified by the University.

2. Dr.
is a permanent employee of w.e.f.
That he/she after getting the training at the JNIMS, Imphal will be suitably employed by the sponsoring authority to work in the speciality in which training is provided.

3. That the candidate will not be paid any emolument by the Jawaharlal Nehru Institute of Medical Sciences, Imphal during the entire training period. Such payment will be the responsibility of the sponsoring authority.

Signature:
(sponsoring authority)

Name:
(In block letters)

Place :

Designation:

Dated:

Organization :
(with office seal)

Please Note:

- i) Candidate who is appointed on temporary / contact basis or adhoc-appointments shall not be considered under the In-service category
- ii) That only the above certificate duly signed by the “Sponsoring Authority” will be considered.
- iii) That no addition or alteration in the above certificate is allowed.
- iv) That sponsoring authority means the appointing authority.

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SPECIFIC INSTRUCTIONS

1. Read the instructions given below carefully before filling up the application form.
2. The original application form has to be filled in. Photocopy of the original form is not acceptable. No part of the application form should be removed.
3. If a candidate is found to have provided with false information/ certificate or is found to have withheld or concealed some information in his/her application form, he/she shall be debarred from admission.
4. Incomplete Application Form will not be accepted and no communication will be made in this regard.
5. Change in address should be intimated to this office immediately.
6. All original documents should be produced on the day of admission / counselling.
7. In case of two or more candidates obtaining equal marks in the NEET-PG-2025 the inter-merit of such candidates shall be determined by all India NEET-PG 2025 Rank.

NOTE:

Arrange the application in the following order and firmly tag /attach before dispatch to the Institute by hand or by email to academic.jnims24@gmail.com

- i) Application Form.
- ii) Declaration of the Father/Guardian/Husband. (for Direct Category)
- iii) Certificate from the employer. (if employed & applying for Direct Category).
- iv) In-Service Certificate (for in-service candidates only)
- v) Appointment Order (for in-service candidates only)
- vi) Difficult area posting Certificate, whenever applicable (for in-service candidates only)
- vii) Schedule Caste / Schedule Tribe/OBC Certificate for the concerned candidates from the concerned authority.
- viii) Admit Card – NEET – PG - 2025
- ix) Rank Letter / Score Card / Result Sheet – NEET-PG – 2025
- x) Proof of online payment of counselling fee indicating Name of candidate & NEET PG 2025 Roll Number

xi) Attested Copies:

- a) Age proof certificate (i.e. Class X Passing Certificate)
 - b) Class XII Mark Sheet
 - c) MBBS Degree Certificate from the University.
 - d) Mark-Sheets – MBBS Phase - I, MBBS Phase - I and final MBBS (Pt. – I & II)
 - e) Attempt Certificate of MBBS Course.
 - f) Internship Completion Certificate.
 - g) Medical Registration Certificate (State Medical Council or M.C.I./NMC)
 - h) NMC/NBE Screening Test Result (for Foreign Medical Graduate)
- xii) One extra copy of recent passport photograph.

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IMPHAL-EAST, MANIPUR – 795005**

ENROLLMENT NO.:

Affix one recent
passport size
photograph here

ACKNOWLEDGEMENT SLIP

This is to acknowledge the receipt of completely filled in prescribed form to register in the list of candidates who are to undergo counselling for admission to MD /MS Courses – 2025 in the Jawaharlal Nehru Institute of Medical Sciences (JNIMS), Imphal for the session 2025.

Name of the Candidate: _____
(full name in Block letters)

Signature of the Candidate: _____

Date of submission of form

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Date Month Year

Permanent address of Candidate: _____

Contact No. of Candidate: _____

Dean (Academics),
Jawaharlal Nehru Institute of Medical Sciences,
Imphal – 795005

Signature of Counselling official with date:

1 st Round Counselling	
2 nd Round Counselling	
3 rd Round Counselling	
Stray Vacancy Round	