

**APPLICATION FORM
FOR THE POST OF CHIEF NURSING OFFICER
REGIONAL INSTITUTE OF MEDICAL SCINECES, IMPHAL**

1. Full name in Block letters : _____
2. Father's / Husband Name : _____
3. Date of birth : _____
4. Age (as on the last date of submission of application) : _____
5. Category (UR/SC/ST/OBC/PWD) : _____
6. Gender & Marital Status : _____
7. Permanent address in full : _____
8. Present address with : _____
Postal code in full : _____
9. Telephone / Mobile No. : _____
10. E-mail ID in Block letters : _____
11. Nationality (State whether by birth or by domicile) : _____
12. Details of Examination passed from Matriculation /School Leaving certificate :

Affix recent
Passport
size
photograph

Sl.No.	Name of School / College with address	Name of Board / Council/University	Examination passed & year of passing	Division / Class obtained	% of marks obtained

12 (a) Experience:

Sl.No.	Name of Office / Institute / Org.	Post (s) held	Period of service		Nature of job	Reason of leaving
			From	To		

DECLARATION

I hereby declare that the entries made in this form as above are true and correct to the best of my knowledge and belief. In the event of any information being found false / incorrect my candidates / services are liable to be terminated without any notice.

Station : _____

Signature of the applicant in full

Date : _____

List of the Enclosures:

1. Integrity Certificate from the parent department.
2. Vigilance Certificate from the parent department.
3. No Objection Certificate from the parent department.
4. ACRs of last 5 years.