**APPLICATION FORM FOR THE POST OF SENIOR RESIDENT/TUTOR OF CHURACHANDPUR MEDICAL COLLEGE, CHURACHANDPUR.**

Affix recent Passport size photograph

**To,**

**The Director,**

**CMC, Government of Manipur.**

Sir,

I beg to submit the Application form for appointment as Senior Resident in the Department of ……………………………………….................. CMC, Churachandpur.

1. Full name in Block letters :…………………………………………
2. Father’s/Husband’s Name :…………………………………………
3. Date of Birth :…………………………………………
4. Age (as on the last day of submission of application) :…………………………
5. Gender :………………………………………..
6. Marital Status :………………………………………..
7. Permanent address in full :………………………………………..

……………………………………………………………………………………

1. Present address :………………………………………..

…………………………………………………………………………………..

1. Contact Number :………………………………………..
2. Email ID in Block letters :………………………………………..
3. Domicile State :………………………………………..
4. Category (General/ST/SC/OBC) :…………………………………………
5. Sub Category (if any) :…………………………………………
6. Details of examination passed:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Examination | Name of the Institute | Name of Board/Council/University | Month & Year of Passing | % of marks obtained |
| 10+2/PUC |  |  |  |  |
| MBBS |  |  |  |  |
| MD/MS/M.Ch/DMWith speciality |  |  |  |  |
| DNB |  |  |  |  |

**DECLARATION**

I, Shri/Shrimati/Kumari …………………………………… declare as under:

1. That I am unmarried/a widower/a widow
2. That I am married and have only one spouse living
3. That I have entered into or contracted a marriage with a person having a spouse living. Application for grant of exemption is enclosed.
4. That I have entered into and contracted a marriage with another person during the lifetime of my spouse. Application for grant of exemption is enclosed.

AND

1. That I hereby declare that the entries made in the format are true and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect, my candidature/services are liable to be terminated without any notice.

Station………………

Date………………… Signature:

 Full name of the applicant:

 ……………………………………………..

List of documents enclosed (self attested):

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

**NO OBJECTION CERTIFICATE**

(if applicable)

 Certified that ………………………………………………….. is working as a …………………………………………. On regular/contract basis in the (PB+ GP)……………………….in the pay of P.B. Rs………………………………………..

. + G.P. Rs…………………

The Institute/College has no objection to his/her applying for the post of…………………….., …………………………………………………………….at CMC, Churachandpur.

Further, certified that in case if he/she is appointed, he/she will be released from the service of this Institute/College.

Date: Signature

Station: Head of the Institute/College

 Name ……………………………

 Designation……………………….

Institute/College…………………..

Seal