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

To,					Affix recen
					Passport siz
	The Director,				photograph
	CMC, Government	of Manipur.			
Sir,					
Depart	I beg to submit the ment of	Application form	for appointment as Ser	nior Resident hurachandpu	t in the
1.	Full name in Block lett	erc .			
	Father's/Husband's Na	••••			
	Date of Birth				
	Age (as on the last day of submission of application) :				
	Gender	·	phoanon,		
6.	Marital Status				
	Permanent address in f	ull ·			
8.	Present address				
9.	Ontact Number :				
10.	. Email ID in Block lette	ers :			
11	. Domicile State	:			
12	. Category (General/ST/	'SC/OBC) :			
13	. Sub Category (if any)	:			
14	. Details of examination	passed:			
	Examination	Name of the	Name of	Month &	% of marks
		Institute	Board/Council/University	Year of	obtained
	10+2/PUC			Passing	
	10,2/100				
	MBBS				
	MD/MS/M.Ch/DM				
	With speciality				

Please enclose copy of supporting documents duly self-attested

DNB

DECLARATION

	I, Shri/Shrimati/Kumari	declare as under:		
i. ii. iii. iv.	Application for grant of exemption is encl That I have entered into and contracted a r of my spouse. Application for grant of exe That I hereby declare that the entries made my knowledge and belief. In the event of a	arried and have only one spouse living entered into or contracted a marriage with a person having a spouse living.		
	Station Date	Signature: Full name of the applicant:		
List of do	cuments enclosed (self attested):			
List of do 1. 2.	cuments enclosed (self attested):			
List of do 1. 2. 3.	cuments enclosed (self attested):			
List of do 1. 2. 3. 4.	cuments enclosed (self attested):			
List of do 1. 2. 3. 4. 5.	cuments enclosed (self attested):			
List of do 1. 2. 3. 4. 5. 7.	cuments enclosed (self attested):			

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: Station:

Signature Head of the Institute/College

Name Designation..... Institute/College..... Seal