

**J. N. INSTITUTE OF MEDICAL SCIENCES
POROMPAT, IMPHAL EAST.**

NOTIFICATION

Imphal, the 12th March, 2020

No.01/712/Filling up on contract basis/JNIMS/20:- / 2566
Jawaharlal Nehru Institute of Medical Sciences (JNIMS), hereby invites applications in the prescribed format from willing and eligible candidates for recruitment of the following posts on **Contract Basis** in the following Department/Unit of J.N. Institute of Medical Sciences, Porompat, Imphal.

Sl. No.	Name of Post	Department/ Unit	No. of post	Scale of Pay	Reservation
1.	ECO LAB TECHNICIAN/ TMT LAB TECHNICIAN/ HOLTER LAB TECHNICIAN	CARDIOLOGY	3	Rs 7,600 p.m	UR-2, ST-1
2.	PHYSIOTHERAPIST	PMR	2	Rs 7,600 p.m	UR-2

2. Essential Qualification: -

Sl. No.	Name of Posts	Recruitment Rules
1.	ECO LAB TECHNICIAN/ TMT LAB TECHNICIAN/ HOLTER LAB TECHNICIAN	<u>Essential:-</u> 1. Passed 10+2 Examination in Science or its equivalent from recognized Institute 2. 2 years Diploma in Cath Lab. Technician including Echocardiogram and Tread Mill Test of a recognised Institute. OR 2 years Diploma in Echocardiogram <u>Desirable:-</u> i) Knowledge of Manipuri and local dialect
2.	PHYSIOTHERAPIST	<u>Essential:-</u> 1. Passed 10+2 Examination in Science or its equivalent from recognized Institute 2. 2 years Diploma in Physiotherapist Course from a recognize Institute. <u>Desirable:-</u> i) Knowledge of Manipuri and local dialect

3. Age Limit for Sl. No. 1 to 2:

38 years and below (Upper age limit relaxable upto the 5 years for SC/ST & 3 years for OBC candidates & by 5 years for candidates of State government service. The eligible age should be as on i.e. 13th March, 2020 the date of notification.

4. Issue/submission of Application form:

The willing candidates should download the application form (enclosed) from the website (www.jnims.nic.in) and submit the completed forms along with the required self attested copies of certificates on or before 31st March 2020 to the undersigned.

5. Candidates are required to pay Rs. 500/- for unreserved category and Rs. 250/- for ST/SC/PWD category while submitting application form.

6. Documents to be submitted: Completed application form for the post along with passport size photographs (3 nos.), self attested copies of the documents/certificates (mentioned in the application form).

7. The number of posts may be increased or decreased as per needs.

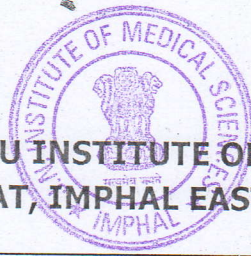
8. Selection shall be on the basis of interview and the date, time and venue shall be notified on a later date.


(Prof. Th. Bhimo Singh)
12/3/2020

Director,

J.N. Institute of Medical Sciences

**JAWAHARLAL NEHRU INSTITUTE OF MEDICAL SCIENCES
POROMPAT, IMPHAL EAST, MANIPUR**



APPLICATION FORM

NAME OF POST:

Affix recent
Passport size
Photograph
with Self
attestation.

Receipt No.

(To be filled in CAPITAL LETTERS only)

1. Name of the Applicant :

2. Father's/Husband's Name :

3. Sex (Male/Female) :

4. Date of Birth (DD/MM/YYYY) :

5. Age as on **2020** Years..... Months..... Days.....

6. Present address :

Contact No.....

7. Permanent address :

8. Mother Tongue :

9. Whether Un-reserved/ST/SC/OBC (Meitei/Meitei Pangal/Others:

(Please tick (√) in the relevant box below and enclosed copy of Self Attested certificate)

Un-reserved	ST	SC	PWD	OBC (Meitei)	OBC (Meitei Pangal)	OBC (Other)

10. Whether a Government Employee? (Yes/No)

If yes, "**No Objection Certificate**" in original issued by the employer (Competent Authority) should be enclosed.

11. Document enclosed :

Sl. No.	Details of documents enclosed	No. of documents	Tick (✓) if enclosed
1.	Class-X Certificate		
2.	Class-XII Certificate		
3.	Course Certificate		
4.	Mark sheet		
5.	Experience Certificate (if any)		
6.	ST/SC/OBC Certificate (if applicable)		
7.	PH Certificate (if applicable)		
8.	No Objection Certificate (for Govt. employees)		
9.	Self Certification/Self attestation form		

12. Educational qualifications (essential) and marks obtained : **(to be supported by self attested copies of certificates and mark sheets)**

Examination Passed	Name of Board/University	Year of passing	Total marks	Marks obtained	Percentage
Class - X					
Class -XII					
Others					

13. The above information is true to the best of my knowledge and no part of it is false and nothing is concealed. I shall be liable for disqualification for furnishing wrong information, if any.

Date :-

Place :-

Signature of the applicant

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

ADMIT CARD

NAME OF POST:.....

Roll No.
(For Official Use)

Affix recent
Passport size
Photograph
with Self
attestation.

Name of the Candidate :.....

Father's/Husband's Name :.....

Address :.....

Whether UR/SC/ST/OBC/PH :.....

(Signature of the Issuing Authority)

(Signature of the Candidate)

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ADMIT CARD

NAME OF POST:

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Name of the Candidate :.....

Father's/Husband's Name :.....

Address :.....

Whether UR/SC/ST/OBC/PH :.....

(Signature of the Issuing Authority)

(Signature of the Candidate)

FORMAT OF SELF – CERTIFICATION/SELF – ATTESTATION TO BE INCLUDED IN THE APPLICATION FORM

I, Son/ Daughter of Shri/Smt
Aged.....(D.O.B.....) Resident of
District, Manipur hereby declare that the information given above and in the enclosed document are true to the best of my knowledge and belief and nothing has been concealed therein, I am aware of the of the fact that if the information given by me is proved false/not true, I will have to face criminal proceedings as per provision of the section 177, 193, 197, 198, 199 and 200 of the Indian Penal Code and any other suitable provisions of Law. Also all the benefits availed by me shall be summarily withdrawn.

Dated:

(Signature of the Applicant)