

**OFFICE OF THE
MANIPUR STATE AIDS CONTROL SOCIETY
New Secretariat, Imphal**



(Application form for Engagement under Manipur State AIDS Control Society)

1 Name of the Applicant:

2 Father's / Mother's / Guardian's Name:

3 Date of Birth: / / 4 Sex: (F for Female or M for male)

5 Age: years months 6 Contact No:

7 Permanent Address:

District: PIN No:

8 Present Address:

District: PIN No:

9 Email (If any):

10 Religion: 11 Category

12 Educational Qualification

Class	Board / University / Council	Total marks	Marks Obtained	Percentage	Division	Year of Passing

13 Experience (If any):

14 Name of the Post Applied:

15 Total number of documents enclosed:

I hereby declare that all the information given above are true to the best of my knowledge. I understand that I am liable to be disqualified at any stage if the information given above is found to be incorrect / incomplete / false. I am also fully aware that the post is purely on contract basis and i have no right whatsoever to claim for regular appointment at any stage.

Place:

Date:



Signature of the applicant

(Read the instructions before filling up the application form)

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New Secretariat, Imphal**



Hall Ticket

1 Name of the Applicant:

2 Date of Birth: / / 3 Sex: (F for Female or M for male)

4 Age: years months 5 Contact No:

6 Permanent Address:

District: PIN No:

Mobile No. Email (If any)

Name of the Post Applied:

Signature of the applicant

(For official use)

Application No: Name of Applicant

Fee Amount ₹ Post applied

(Rupees.....)

Signature of the receiver