



**OFFICE OF THE  
MANIPUR STATE AIDS CONTROL SOCIETY**

New Secretariat, Imphal

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

Affix one recent  
passport size  
photograph with self  
attestation

Name of the post applied for: .....

1 Name of the Applicant:

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

3 Date of Birth: -- 4 Sex:  (F for Female, 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 (Supporting documents are mandatory) :

Class	Year of passing	Board / University / Council	Marks Obtained	Percentage	Division

13 Experience if any (Relevant documents must also be enclosed): .....

.....

14 Total number of documents enclosed:

15 Option for interview & written exam (Mark v at the centre): Imphal  Guwahati

I, hereby declare that 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 correct/incomplete/false. I am 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 the application form)

Roll No.....  
(to be filled up by the Office)

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

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(To be filled up by the Candidate)

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2 Name of the Applicant:

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4 Date of Birth:  -  -  5 Sex:  (F for Female, M for male)

6 Age:  years  months 7 Contact No:

8 Permanent Address:

District:  PIN No:

9 Present Address:

District:  PIN No:

Signature of issuing Authority

Signature of the applicant

Roll No.....  
(to be filled up by the Office)

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