

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 th	ne A	ppli	cant	:																					
2	Father'	's / I	Motl	her'	s / G	Guar	diar	n's N	lame	e:																	
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3	Date o	f Bir	th:				-									4	Sex	:			(F	for F	emal	e, M f	or m	ale)	
5	Age:			yea	ars			mo	nth	S		6		Cor	itaci	No.	:										
7	Perma	nen	t Ad	dres	ss:																						
	District	t:																	PIN	No:	:						
8	Presen	t Ad	ldres	ss:																							
	District	t:																	PIN	No	:						
9	Email (If ar	ny):													<u> </u>											
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Roll No	
(to be filled up by the Office)	

Affix one recent

OFFICE OF THE MANIPUR STATE AIDS CONTROL SOCIETY

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2	Name of the Applicant:							П	Т	\Box	\Box	\exists	\exists		
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3	Father's / Mother's / Guard	dian's N	ame:												
4	Date of Birth:	-	1			5	Sex:		(F fo	or Fe	male,	, M f	or m	nale)	
6	Age: years	mo	nths	7	Co	ntact No	: [\Box			

8 Permanent Address:

District:

PIN No:

9 Present Address:

District: PIN No:

OFFICE OF THE

Signature of issuing Authority

Signature of the applicant

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

MANIPUR STATE AIDS CONTROL SOCIETY New Secretariat, Imphal (To be filled up by the Candidate) ADMIT CARD

Affix one recent passport size photograph with self attestation

	(To be filled up by the Candidate) <u>Al</u>	<u>DMIT</u>	CARD	2		photograph with self attestation
1	Name of the post applied for:				[
2	2 Name of the Applicant:					
3	3 Father's / Mother's / Guardian's Name:					
4	4 Date of Birth:			5 Sex:	(F for	r Female, M for male)
6	6 Age: years months	7	Contact	t No:		
8	B Permanent Address:					
	District:				PIN No:	
9	9 Present Address:					
	District:	$\overline{\Box}$	•		PIN No:	