

**GOVERNMENT OF MANIPUR
CHURACHANDPUR MEDICAL COLLEGE**

NOTIFICATION

Churachandpur, the 2nd August, 2025

No. 1/3/SR/2025-CMC: In pursuance of Secretariat: Health Department, Government of Manipur convey letter No. MED-506/112/2025-HS-HEALTH, dated 31.07.2025, applications are invited from the willing and eligible candidates to the **Walk-in-Interview** for appointment to the posts of 21 (twenty-one) **Senior Residents** in various Departments of Churachandpur Medical College (CMC). Details are given below:-

Sl. No.	Name of Department	No. of Post
1.	Anatomy	1
2.	Biochemistry	2
3.	Physiology	2
4.	Pharmacology	3
5.	Anaesthesia	1
6.	Com. Med	1
7.	ENT	1
8.	FMT	1
9.	Gen. Medicine	2
10.	Gen. Surgery	2
11.	OBG	1
12.	Paediatric	1
13.	PMR	1
14.	Radiodiagnosis	2
	Total	21

2. **Eligibility Criteria:** As per NMC's Medical Institutions (Qualification of Faculty) Regulation, 2025 (and as amended from time to time) which, inter alia, includes:
 - i. **Essential Academic Qualification:** (a) postgraduate degree in Doctor of Medicine or Master of Surgery or Diplomate of National Board; or
(b) postgraduate medical degree in Master of Science with Doctor of Philosophy in the Medical subjects of Anatomy or Biochemistry or Physiology or Pharmacology or Microbiology.
 - ii. **Age:** The upper age limit of applicant should be less than 45 years. Provided that for the subjects of Anatomy, Biochemistry, Physiology, Pharmacology, Microbiology, Pathology, Forensic Medicine and Community Medicine, the upper age-limit shall be 50 (fifty) years. as on 01.08.2025.
3. **Scale of pay:** Rs. 9,300-34,800+GP Rs. 5,400/- (Pre-revised) and Pay Level-12 in Pay Matrix of ROP, 2019.
4. The appointment shall be purely on tenure basis for a period of 1 (one) year extendable up to maximum of 3 years.
5. **Submission of forms:** The prescribed application form can be downloaded from the college website <https://www.cmcmanipur.nic.in>. The dully filled prescribed application form along with other self-attested supporting documents should be submitted compulsorily at the Registration Desk on the day of Walk-in-Interview.
6. **Application fees:** Rs. 1,000/- for UR/OBC Category and Rs. 500/- for SC/ST/PWD category.
7. **Mode of payment:** Application fee should be submitted to the Registration Desk at the time of Form Submission.



8. **Mode of Selection:** Personal Interview
9. Date & Time of Walk-in-Interview: **07.08.2025 from 11:00 a.m. onwards** at Churachandpur Medical College, Kiyamgei (Imphal Campus) and at Churachandpur Medical College, Churachandpur on **Virtual mode**.
10. Candidates are advised to bring all original certificates along with Educational Qualification Certificate, Mark Sheet, Experience Certificate, age proof, valid ST/SC/OBC Certificate, etc.
11. Candidates are advised to report at the registration desk before 1 (one) hour prior to commencement of Walk-in-Interview. Registration desk will close at 1:00 p.m. sharp and further claims will not be entertained.
12. Candidates for Virtual Interview shall report to the Deputy Director (Admin), CMC, Churachandpur.

For any queries, please contact:

- i. Deputy Director (Administration), Churachandpur Medical College
1st Floor, Churachandpur Medical College, Hiangtam Lamka, Churachandpur

OR

- ii. Dean (Academics), Churachandpur Medical College, Kyamgei Campus, Imphal West.



(Prof. Gangmei Angam)

Administrator,
Churachandpur Medical College

Copy to:-

1. Commissioner-cum-Secretary (Health & Family Welfare), Govt. of Manipur
2. Deputy Director (Administration), Churachandpur Medical College
3. PS to Administrator - to upload the above notification in the college website.
4. Notice Board
5. Relevant files

**APPLICATION FORM FOR THE POST OF SENIOR RESIDENT
CHURACHANDPUR MEDICAL COLLEGE, CHURACHANDPUR**

DEPARTMENT:.....

Affix recent
Passport size
Photograph
with Self
attestation.

(To be filled in CAPITAL LETTERS only)
(Read instructions carefully before filling up the FORM)

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 **01.08.2025** Years..... Months..... Days.....
6. Present address & Contact No. :
.....
7. Permanent Address :
.....
8. Mother Tongue :
9. Whether Un-reserved/ST/SC/OBC [tick (√) in the relevant box below and enclose copy of the certificate with self-attestation]

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

10. Whether Physically Handicapped (Yes/No)
[if yes, tick (√) in the relevant box below and enclose self-attested certificate]

Orthopaedic handicapped	Visual handicapped	Hearing handicapped

11. Whether a Govt. Employee : (Yes/No)
If yes, “**No Objection Certificate**” in **original** issued by the employer (Competent Authority) should be enclosed.

12. National Medical Commission/ State Medical Council Registration No.
(to enclose copy of valid Registration certificate)

13. Document enclosed :

Sl. No.	Details of documents enclosed	No. of documents	Tick (✓) if enclosed
1.	Class-X Certificate		
2.	Class-XII Certificate		
3.	MBBS/B.Sc Certificate		
4.	MBBS/B.Sc. Mark sheet (First to final MBBS)		
5.	MD/MS/DNB/M.Sc. Degree certificate in the concerned subject.		
6.	MD/MS/DNB/M.Sc. Degree mark sheets in the concerned subject		
7.	ST/SC/OBC Certificate (if applicable)		
8.	PH Certificate (if applicable)		
9.	No Objection Certificate (for Govt. employees)		
10.	Self-Certification/Self attestation form		

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

Examination Passed	Name of Board/University	Name of School/ College	Year of passing	Total marks	Marks obtained	Percentage
Class – X						
Class -XII						
MBBS 1 st Year						
MBBS 2 nd Year						
MBBS 3 rd Year						
MBBS Final Year						
MD/MS/DNB/M.Sc						

15. 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

**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 declared 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)