

**GOVERNMENT OF MANIPUR
CHURACHANDPUR MEDICAL COLLEGE**

NOTIFICATION

Churachandpur, the 2nd July, 2025

No. 1/3/SR/2025-CMC: As approval conveyed by the Secretariat: Health Department, Government of Manipur vide their letter No. MED-506/112/2025-HS-HEALTH, dated 25.06.2025, applications in prescribed format are invited from eligible and willing candidates for appointment to the posts of 17 (seventeen) Senior Residents in various Departments of Churachandpur Medical College (CMC). Details are given below:-

Sl. No.	Name of Department	No. of Post
1.	Anatomy	2
2.	Pharmacology	2
3.	Pathology	4
4.	Microbiology	1
5.	FMT	1
6.	Com. Medicine	1
7.	Gen. Medicine	1
8.	Dermatology	1
9.	Psychiatry	1
10.	Orthopaedics	1
11.	PMR	1
12.	Respiratory Medicine	1
	Total	17

2. **Eligibility Criteria:**

i. **Essential Academic Qualification:** Registered MBBS with MD/MS/DNB in the concerned subject as per NMC Teachers Eligibility Qualification in Medical Institution Regulations, 2022 notified vide NMC notification no. NMC/MCI-23 (I)/2021-MED dated 14th February, 2022 and as amended from time to time.

ii. **Age:** The upper age limit of applicant should be less than 45 years as on 01.07.2025.

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 scanned copy of the filled prescribed application form along with other self attested supporting documents should be submitted online compulsorily and send to college e-mail churachandpurmc@gmail.com. In addition, another hard copy of the filled application form should also be sent through INDIAN SPEED/REGISTER POST to:

a) Administrator, Churachandpur Medical College,
Hiangtam Lamka, Churachandpur -795128
Manipur

'OR'

b) Administrator, Churachandpur Medical College,
Imphal Campus, Kyamgei
Imphal West- 795003
Manipur



6. Incomplete applications and applications received after the last date shall be summarily rejected without further intimation to the candidate. Last date of form submission is **15.07.2025**

7. **Application fees:** Rs. 1,000/- for UR/OBC Category and Rs. 500/- for SC/ST/PWD category.

8. **Mode of payment:**

Deposits can be made in the bank of which the details are given below:

Name of the Bank: State Bank of India

Branch: Churachandpur

A/C no.: 41278488857

IFSC: SBIN0006182

MICR: 795002504

Scanned copy of the deposit slip/screenshot of the payment, mentioning the name of the applicant should be submitted along with the application form.

9. **Mode of Selection:** Personal interview

10. Schedule date, time and venue for Interview/Viva voce shall be notified at a later date.

11. **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. Staff Officer to Chief Secretary, Government of Manipur
2. Commissioner-cum-Secretary (Health & Family Welfare), Govt. of Manipur
3. Deputy Director (Administration), Churachandpur Medical College
4. Dean (Academics), Churachandpur Medical College
5. PS to Administrator - to upload the above notification in the college website.
6. Notice Board
7. 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)

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 **01.07.2025** Years..... Months..... Days.....
6. Present address & Contact No. :
.....
7. Permanent Address :
.....
8. Mother Tongue :
9. Whether GEN/ST/SC/OBC [tick (✓) in the relevant box below and enclose copy of the certificate with self-attestation]

GEN	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 Certificate		
4.	MBBS Mark sheet (First to final MBBS)		
5.	MD/MS/DNB Degree certificate in the concerned subject.		
6.	MD/MS/DNB 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						

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 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 under Bharatiya Nyaya Sanhita (BNS) and any other suitable provisions of Law. Also
all the benefits availed by me shall be summarily withdrawn.

Dated:

(Signature of the Applicant)