

Government of Manipur  
Directorate of University and Higher Education  
GOVERNMENT OF MANIPUR  
DIRECTORATE OF UNIVIVERSITY & HIGHER EDUCATION

**NOTIFICATION**

Imphal, the 12<sup>th</sup> February, 2024

In continuation of this office Notification of even no. dated 8<sup>th</sup> February, 2024 and in pursuance of Government letter no. UHE-2022/1/2013-HTE-DHTE dated 12.02.2024, it is hereby informed to all the candidates who have been selected for engagement as Assistant Professors on contract basis under the Department of Higher Education, Government of Manipur that they need to submit a Declaration on details of present employment and Stipend/Scholarship/Grant in the format enclosed as **Annexure**.

2. The candidates need to submit the duly filled Declaration Form before signing the Contract Agreement. The same may be submitted at the time of verification of the educational certificates.

**Encl:** As above

**(Dr. Rangitabali Waikhom)**  
Director Univ. & Higher Education  
Government of Manipur

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**Copy to:**

1. Secretary to Hon'ble Chief Minister, Manipur
2. PPS to the Hon'ble Minister (Education), Manipur
3. SO to the Chief Secretary, Government of Manipur
4. PS to the Commissioner (HTE), Government of Manipur
5. Official website

Annexure

**DECLARATION TO BE MADE BY CANDIDATES WHO HAVE BEEN SELECTED  
FOR ENGAGEMENT AS ASSISTANT PROFESSORS ON CONTRACT BASIS  
UNDER DEPARTMENT OF HIGHER EDUCATION, GOVERNMENT OF  
MANIPUR:**

1. I do hereby declare that

- i. I am working presently at Government/ Semi-Government/ Autonomous/ Private Institution/Organization.
- ii. I am presently receiving Stipend/ Scholarship/ Grant from Government/ Semi-Government/Autonomous/Private Institution/Organization on monthly basis.
- iii. I am not working at any Government/Private/Semi-Government/Autonomous Institution/Organisation or not receiving Stipend/Scholarship/Grant from Government/Semi-Government/Autonomous /Private/ Institution/Organization at present.

2. Details of present employment(if applicable)

Name of the Post	Institution/ Organization/ Office	Government/Semi- Government/Autonomous/ Private	Pay/Remuneration per month

3. Details of Stipend/Scholarship/Grant (if applicable)

Name of the Stipend/Scholarship/ Grants	Institution/ Organization from which it is received	Government/Semi- Government/ Autonomous/Private	Amount of Stipend/Scholarship /Grant received per month

4. I also declare that the above information is true to the best of my knowledge. Any action, as appropriate, may be taken up against me in case the information furnished above is found incorrect.

(Signature of the Candidate)

Place:

Date:

Name:

Subject: