

GOVERNMENT OF MANIPUR
DIRECTORATE OF UNIVIVERSITY & HIGHER EDUCATION

NOTIFICATION

Imphal, the 12th February, 2024

In continuation of this office Notification of even no. dated 08.02.2024 and in pursuance of Government letter no. UHE-2022/1/2013-HTE-DHTE dated 12.02.2024, the verification of the original educational certificates/documents of the candidates selected for engagement as Assistant Professors on contract basis under the Department of Higher Education, Government of Manipur will also be conducted at the following venues physically:

Sl. No.	Name of the Venue	Date and Time
1	Office of the Deputy Commissioner, Churachandpur	17.02.2024 (12.30 PM)
2	Office of the Deputy Commissioner, Kangpokpi	17.02.2024 (2.30 PM)

2. Those candidates who are not able to attend the verification at Imphal may attend the same physically at the venues and time detailed above.

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

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

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. Education Secretary, KSO
6. Official website

I/57009/2024

UHE-2022/1/2023-HTE-DHTE
GOVERNMENT OF MANIPUR
SECRETARIAT: HIGHER & TECHNICAL EDUCATION DEPARTMENT

Imphal, the 12th February, 2024

To,
The Director (University & Higher Education)
Manipur.

Subject:

(i) Declaration Form to be submitted by candidates selected for engagement as Assistant Professors on contract basis under Higher Education Department.

(ii) Change of place of document verification for newly appointed Assistant Professors on contract basis in Kangpokpi and Churachandpur districts- reg.

Madam,

I am directed to refer to your letters No.DUHE-202/21/2022-DUHE-DU&HE and DUHE-202/21/2022-DUHE-DU&HE dated 09.02.2024 on the above subjects and to convey the approval of the Government to the following proposals:

(i) Declaration format to collect details of employment and stipends/scholarship received by the candidates who have been selected for engagement as Assistant Professor on contract basis under the Higher Education Department before Contract Agreement for engagement is signed.

(ii) To conduct verification process in Kangpokpi and Churachandpur District Headquarters with respective Deputy Commissioners overseeing the process in their jurisdictions in respect of selected candidates from Churachandpur and Kangpokpi Districts.

2. It is therefore requested to take up further necessary action accordingly.

Yours faithfully,

Signed by Daryal Juli

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09/02/2024 12:51:49

Joint Secretary (Hr.&Tech.Edn)
Government of Manipur

Copy to:

1. PPS to Hon'ble Minister (Education), Manipur.
2. The Director (Univ&Hr.Edn), Manipur - *to kindly issue this letter to respective DCs and coordinate for the verification process.*
3. The Deputy Commissioner, Kangpokpi/Churachandpur.

**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: