



**REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL – 795 004**  
(An Autonomous Institute under the Ministry of Health & Family Welfare, Govt. of India)

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### SPECIFIC INSTRUCTIONS

1. Read the Advertisement of the Course, information bulletin and the instructions given below carefully before filling up the application form.
2. The original application form / down loaded form has to be filled in. Photocopy of the original form is not acceptable. No part of the application form should be removed.
3. If a candidate is found to have provided with false information/certificate or is found to have withheld or concealed some information in his/her application form, he/she shall be debarred from admission.
4. Incomplete Application Form will not be accepted and no communication will be made. The name of the eligible candidates will be available in our web site.
5. Change in address should be intimated to this office immediately.

#### **NOTE :**

Arrange the application in the following order and firmly tag before dispatch to the Institute by post/by hand.

- i) Application Form.
- ii) Certificate from the employer. (if employed & applying for OPEN Category).
- iii) Sponsored Certificate (for sponsored in-service candidates only).
- iv) Schedule Cast/ Schedule Tribe/ OBC Certificate for the concerned candidates from the concerned authority.
- v) Attested Copies :
  - a) Age proof certificate ( HSLC or Equivalent passed certificate).
  - b) MBBS pass Certificate
  - c) Mark-Sheet – 1<sup>st</sup> MBBS, 2<sup>nd</sup> MBBS and final MBBS.
  - d) Attempt Certificate of MBBS Course.
  - e) PG Degree Certificate
  - f) Medical Registration Certificate ( State Medical Council or M.C.I.)
- vi) Admit Card and Attendance Sheet

Application Form No. ....



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**Application Form for Post-Doctoral M.Ch. Courses Entrance  
Examination for the session 2010**

**The candidate should fill in the application form with his/her own handwriting.**

Affix one recent passport size photograph here duly signed by the Candidate and attested on the front side by a Gazetted Officer with Official Seal

Name of the candidate : .....  
(in block letters)

Name of the attesting Officer : .....  
(in block letters)

Designation : .....

Seal : .....

I hereby apply for the Entrance Examination for admission to the postgraduate course in the Regional Institute of Medical Sciences, Imphal for the session 2009 under the category given below : Tick (  ) ” 01” or “02” and ‘A’ or ‘B’

Urology	<input type="checkbox"/>	Plastic & Reconstructive Surgery	<input type="checkbox"/>
Open Category	<input type="checkbox"/>	Sponsored Category	<input type="checkbox"/>

(one candidate should apply for one category only)

I am submitting herewith the following particulars in support of my application. All the documents mentioned in page number six are enclosed along with the application form for necessary perusal.

1. ....  
(Name) (Middle name) (Surname)
2. Date of Birth : Day.....Month..... Year.....
3. Nationality : .....
4. General / ST / SC / OBC : .....Male/Female : .....
5. Father's Name : .....  
Occupation : .....
6. Mother's Name : .....  
Occupation : .....
7. Address : ( In Block Letters )
  - a) Permanent Address : .....  
.....  
PIN.....
  - b) Postal Address for Communication : .....  
.....  
..... PIN.....  
Phone No. (including STD Code) : .....Mobile.....  
Fax No. (including STD Code) : .....  
E-mail Address : .....
8. State of domicile of the candidate : .....
9. Name of the College and University from which the candidate passed MBBS examination : .....
  - a) Year of admission into MBBS Course : .....
  - b) Year of passing final MBBS Exam. : .....
  - c) No. of Attempt taken to pass :  
1<sup>st</sup> Professional : .....  
2<sup>nd</sup> Professional : .....  
3<sup>rd</sup> Professional : .....
  - d) Year and month of completion of int ernship : .....

10 . Name of the College and University from which the candidate passed MS Surgery/  
equivalent examination : .....

d) Month & Year of admission to the Course : .....

e) Month & Year of passing the Exam. : .....

11. List of research publications: .....

( Use separate sheet if required)

12. Permanent Medical Registration No. with Name of the Medical Council .....

.....

13. If in-service : Name of the Organization/Department .....

Period : from : ..... to .....

( Enclosed order copy of the appointing authority )

I hereby declare that the application has been filled in with my own handwriting and the information given in the application form is correct. In case, at any stage if the information furnished by me is found incorrect my admission may be cancelled. I, further, declare that I have read the rules as given in the information bulletin and shall abide by the rules and regulations of the Institute.

I also agree to undergo the course on a whole time basis and shall not engage myself in private practice during the period.

Place : .....

Signature of the Candidate

Date : .....

**CERTIFICATE TO BE FURNISHED BY THE EMPLOYER**  
( for in-service candidates applying in open category)

Certified that Dr /.(Mr./Miss/Mrs.) :.....  
is serving as..... in the Department of .....  
..... since..... He/She will be relieved, if selected, for  
the postgraduate course within the stipulated time for admission. To the best of my  
knowledge he/she bears a good moral character.

Signature : .....

Name : .....  
(In Block Letters)

Place : .....

Designation : .....

Dated : .....

Office seal : .....

**CERTIFICATE TO BE FURNISHED BY THE EMPLOYER**  
(only for sponsored in-service candidates)

1. Certified that Dr. (Mr./Miss/Mrs.) : .....  
is sponsored for training leading to the award of M.Ch. at the Regional Institute of Medical Sciences, Imphal for the Session – 2010. He/She will be relieved, if selected , within the prescribed time as notified by the University.
2. Dr. ....  
is a permanent employee of .....  
w.e.f. ....
3. That he/she after getting the training at the RIMS, Imphal will be suitably employed by the sponsoring authority to work in the speciality in which training is provided.
4. That the candidate will not be paid any emoluments by the Regional Institute of Medical Sciences, Imphal during the entire training period. Such payment will be the responsibility of the sponsoring authority.

Signature : .....  
(of sponsoring authority)

Name : .....  
(In Block Letters)

Place : .....

Designation : .....

Dated : .....

Organisation : .....  
(with office seal)

**Please Note :**

- i) That only the above certificate duly signed by the “Sponsoring Authority” will be considered.
- ii) That no addition or alteration in the above certificate is allowed.
- iii) That sponsoring authority means the appointing authority.



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**ADMIT CARD**

**FOR POST-DOCTORAL M.Ch. ENTRANCE EXAMINATION  
SESSION – 2010**

**Roll No.**

Affix one recent passport size photograph here duly

signed by the Candidate and attested on the front by Gazetted Officer.

Name of the Candidate : .....  
(In Block Letters)

Specimen signature of the Candidate : .....  
(to be attested by Gazetted Officer)

**Signature of Gazetted Officer**

Name : .....

**Officer in-charge of Examination**

Designation : .....  
(Office Seal)

**ATTENDANCE SHEET**

M.Ch.. Entrance Examination 2010

**Subject Code**

Affix one recent passport size photograph here duly signed by the candidate and attested on the front by a Gazetted Officer with official seal

Name of the Candidate  
(In Block Letters) : .....

**Signature of the Candidate**

**TO BE FILLED AT THE TIME OF EXAMINATION**

Signature of the Candidate : .....  
at the time of Examination

**Roll No.**

**Signature of the Invigilator**

**Note :** In case the candidate is absent, Invigilator should write ABSENT and put his/her signature

### **INSTRUCTIONS FOR CANDIDATE**

1. The Examination will be conducted at Examination Hall of Regional Institute of Medical Sciences, Imphal on 12.06.2010. at 11 A.M.
  2. Candidates should report at the examination hall 15 minutes before the commencement of the examination. No candidate will be permitted to enter the hall after 15 (fifteen) minutes of starting of the examination
  3. Examination will be held from 11 A.M. to 12.40 P.M.
  4. No candidate will be allowed to sit in the examination without the Admit Card.
  5. Candidate should bring his/her own fountain pen or ball pen.
  6. Carrying of Mobile Phone, pager, calculator, book printed or written bits of paper or any objectionable materials is not allowed inside the examination hall.
  7. No candidate will be allowed to leave the examination hall before the end of one hour. Going to Toilet during examination hour will not be permitted.
  8. Each candidate must write his/her own Roll No. on the answer sheet at the space provided.
  9. Silence must be observed in the examination hall. Any candidate found using unfair means or improper conduct will be liable for expulsion from the examination hall.
  10. The candidates are advised to preserve the Admit Card till the examination is over.
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