

**REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL – 795 004**

(An Autonomous Institute under the Ministry of Health & Family Welfare, Govt. of India)

**APPLICATION FORM FOR AIQ P.G. ADMISSION - 2020**

one recent passport size photographs.

Subject :……………………………..…..……

 1. Name of Candidate : ……………………………………………………………

 *( in block letters )*

 2. Date of Birth : …………… Gender : ………… Category (UR/OBC/ST/SC) ……..….

 3. State of domicile : ………………………………………

 4. Address (in block letters) :

1. Permanent Address : ……………………………………………………………………….

District…………………………………………………State………………………………

Pin Code ……………………………………………

1. Correspondence Address ……………………………………………………………………

District…………………………………………………State ………………………………

Pin Code ……………………………… Tel. No………………………………

E-mail address ……………………………………………………

 5. Father’s Name : ……………………….…………………………………..……………

 Occupation : …………………………………………….

 6. Mother’s Name : ………………………………………………………………………..……

 Occupation : ………………………………………………

 7. Score Card in NEET PG : ………………………………Ranking…………………

Contd…2/-

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 8. Details of MBBS Degree :

 a) Name of the College / Institute : ………….……..………………………………

 b) Name of the University : ……………………………………………………….

 c) Year of passing MBBS Course : ………....……………………………………..

 d) Date of Internship Completion : ….……………………………………………

 9. Permanent Registration No. & Date with Name of the Medical Council :

 ………………………………………………………………………………………..

 10. Whether recognized by MCI ? : Yes / No

 11. If in-service :

Name of the Organization / Department :…................................................................. Period : from : ................................................... to ..................................................

 ***(Appointment order from concerned Government authority should be enclosed )***

12. **Willingness of participation in the Second/subsequent Round: Yes or No**

 I hereby declare that the information given in the application is correct. In case, at any stage the information furnished by me is found to be false, my admission may be cancelled. Further, I declare that I shall abide by the rules and regulations of the Institute and also obey orders given by the authority regarding conduct, discipline and studies from time to time.

 Place : ………………………………..

 **Signature of the Candidate**

 Date : ……………………..…………