## PRESCRIBED FORMAT FOR THE POST OF

	SENIOR RESIDENT OF _	· · · · · · · · · · · · · · · · · · ·	_, RIMS, IMPHAL
1.	Full name in Block letters	:	
2.	Father's/Husband Name	;	r assport size
3.	Date of birth	:	photograph
4.	Age (as on the last date of su	bmission of application):	
5.	Gender & Marital Status	:	
6.	Permanent address in full	:	
7.	Present address with	:	
	postal code in full		
8.	Telephone/Mobile No.	:	
9.	E-mail ID in Block letters	:	
10.	Nationality (State whether by	y birth or by domicile) :	
11.		Caste/Schedule Tribe/OBC category?: nclose a copy of the certificate)	

12. Details of Examination passed:

Examination	Name of School/College with address	Name of Board/Council/ University	Month & Year of passing	Division/ Class obtained	% of marks obtained
10+2/P.U.C.					
MBBS					
M.D./M.S. with specialty					
DNB					

## **DECLARATION**

	I,	Shri/Shrimati/Kumari				
declare as under:						
i)		That I am unmarried/a widower/a widow.				
ii)	That I am married and have only one spouse living.					
iii)	That I have entered into or contracted a marriage with a person having a spouse living. Application for grant of exemption is enclosed					
iv)	That I have entered into and contracted a marriage with another person during the lifetim of my spouse. Application for grant of exemption is enclosed.					
	AND					
v)	That I hereby declare that the entries made in format are true and correct to best of my knowledge and belief. In the event of any information being four false/incorrect my candidature/services are liable to be terminated without a notice.					
			Signature:			
Date:	••••••	••••••	Full name of the applicant:			
List o	f docu	ments enclosed:	and the production			
1.						
2.						
3.						
4						

## NO OBJECTION CERTIFICATE (For candidates in Government service)

Certified that	is working a
on reg	gular / contract basis in the (PB+GP)
in the pay of P.B. Rs.	_ + G.P. Rs
The Institute /College has	no objection to his/her applying for the post o
	, RIMS, Imphal.
Further, certified that in case service of this Institute/College.	if he/she is appointed, he/she will be released from the
Date:	Signature Head of the Institute/College
	Name:
	Designation:
	Institute/College:
	Seal