

PRESCRIBED FORMAT FOR THE POST OF
CASUALTY MEDICAL OFFICER, RIMS, IMPHAL

1. Full name in Block letters : _____
2. Father's/Husband Name : _____
3. Date of birth : _____
4. Age (as on the last date of submission 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 : _____
10. Nationality (State whether by birth or by domicile) : _____

Affix recent
Passport size
photograph

11. Do you belong to Schedule Caste/Schedule Tribe/OBC category?:
(if yes please indicate and enclose 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./ M.Ch./D.M. /MDS with speciality					
DNB					

13. Teaching experience:

(a) Before Post Graduation:

Sl. No.	Post (s) held	Name of College/Institution	Period of service		Nature of Appointment (Regular/Contract)	Reason of leaving
			From	To		

(b) After Post Graduation:

Sl. No.	Post (s) held	Name of College/Institution	Period of service		Nature of Appointment (Regular/Contract)	Reason of leaving
			From	To		

14. Research works & Publications:

Sl. No.	Year of publication	Name of Journal indicating Vol. no., Page no. etc.	Title	Indicate whether 1 st Author or Co-author

15. Seminar/Workshop/ Conference attended:

Sl. No.	Year	Name of event indicating participation level (Paper presentation etc.)	Details of presentation

16. Whether you have published any book or contributed a chapter in a book? If so mention the name of the book, year of publication etc.

Name of the book published	Chapter contributed	Year of publication

17. Prizes and Awards received:

- 1.
- 2.
- 3.

18. Extra Curricular activities:

- 1.
- 2.
- 3.

Note: In case the space provided in the format is not sufficient a separate statement/sheet may be attached as Annexure.

19.

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 lifetime 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 the best of my knowledge and belief. In the event of any information being found false/incorrect my candidature/services are liable to be terminated without any notice.**

Station:

Signature:

Date:

Full name of the applicant:

List of documents enclosed:

- 1.
- 2.
- 3.
- 4.

NO OBJECTION CERTIFICATE

(For candidates in Government service)

Certified that _____ is working as
_____ on regular / 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 of
_____, RIMS, Imphal.

Further, certified that in case if he/she is appointed, he/she will be released from the
service of this Institute/College.

Date: _____

Signature
Head of the Institute/College

Name: _____

Designation: _____

Institute/College: _____

Seal