



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

SPECIFIC INSTRUCTIONS

1. Read the Admission Notice 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 be 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 names of the eligible candidates will be available in our website.
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) No Objection Certificate from the employer (if employed)
- iii) Scheduled Caste / Scheduled Tribe/OBC Certificate for the concerned candidates from the concerned authority.
- iv) Domicile certificate.
- v) Attested Copies :
 - a) Age proof certificate (HSLC passed certificate)
 - b) MBBS passed certificate (University)
 - c) Mark-Sheet – 1st, 2nd, 3rd (Pt-I & II) MBBS
 - d) Attempt Certificate of MBBS
 - e) P.G. Degree or equivalent Certificate (University)
 - f) Medical Registration Certificate (State or otherwise)
- vi) One passport size photograph



Application Form No.....

REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL – 795 004
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**Application Form for Post-Doctoral M.Ch. Courses
Entrance Examination for the Session - 2016**

Affix one recent
passport size
photograph duly
attested by a
Gazetted Officer
with 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 Post-Doctoral M.Ch. courses in the Regional Institute of Medical Sciences, Imphal for the session 2016 under the category given below : Tick (✓) “01” or “02”

(I) Urology – 01 ☐

All India Open – 01 (A) ☐

RIMS/Beneficiary State – 01(B) ☐

(II) Plastic & Reconstructive Surgery – 02 ☐

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

1.
(first name- in block letter) (middle name - in block letter) (surname- in block letter)
2. Date of Birth : Date..... Month..... Year
3. Nationality :
4. UR / ST/ SC / OBC : Male / Female :
5. Father's Name :
Occupation :
6. Mother's name :
Occupation :
7. Address : (in block letters) :
(a) Permanent
.....
.....
(b) Postal address for communication:
.....
.....
Phone No. (including STD Code) Mobile.....
Fax No. E-mail.....
8. State of domicile of the candidate:
9. Academic Record :
(a) **MBBS Course** :
i) Name of the College/Institute :
ii) Name of the University :
iii) Year of admission :
iv) Year of passing Final MBBS

- v) No. of Attempts taken to pass :
- 1st Professional MBBS
- 2nd Professional MBBS
- 3rd Professional Pt-I MBBS
- 3rd Professional Pt - II MBBS
- vi) Year and month of completion of internship :
- (b) **M.S (Surgery) :**
- i) Name of the College/Institute :
- ii) Name of the University :
- iii) Year of admission :
- iv) Year of passing
- v) No. of attempt :
10. List of Research publications :
(use separate sheet if required)
11. Permanent Medical Registration No. with name of the Medical Council :
.....
12. 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 full 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 candidate applying in open category)

Certified that Dr./Mr/Miss/Mrs.
is serving as in the Office / Department of
..... since This organization has
no objection to his/her applying for M.Ch. Course in RIMS, Imphal. He / She will be
relieved, if selected, for the M.Ch. course within the stipulated time for admission. To the
best of my knowledge, he/she bears a good moral character.

Signature :

Place :

Name :

Date :

Designation :

(Office seal)



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ADMIT CARD

POST-DOCTORAL M.Ch. ENTRANCE EXAMINATION FOR THE SESSION 2016

Roll No.

Name of the Candidate :
(in Block letters)

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

Affix one recent
passport size
photograph duly
attested by a
Gazetted Officer
with Seal.

Signature of Gazetted Officer :

Name :

Designation :

Officer-in-charge of Examination

(Office Seal)



ATTENDANCE SHEET

POST-DOCTORAL M.Ch. ENTRANCE EXAMINATION FOR THE SESSION 2016

Roll No.

Name of the Candidate :
(in Block letters)

Affix one recent
passport size
photograph duly
attested by a
Gazetted Officer
with Seal.

TO BE FILLED AT THE TIME OF EXAMINATION

Signature of the Candidate :
(at the time of Examination)

Signature of the Invigilator

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

INSTRUCTIONS FOR CANDIDATE

1. The Examination will be conducted at Examination Hall of RIMS, Imphal on 25.06.2016 at 9.30 A.M.
2. Candidate should report at the examination at least 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 9.30 A.M. to 11.00 A.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.