

**APPLICATION FORM**

**REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL  
APPLICATION FOR PROMOTION TO THE POST OF LDC, RIMS, IMPHAL**

1. Full Name in Block Letters :
2. Father's/Husband's Name :
3. Date of birth :
4. Category (SC/ST/OBC/Gen) :
5. Gender :
6. Permanent Address in full :
7. Present Address in full :
8. Telephone/Mobile No. :
9. Nationality :
10. Educational Qualification :

Affix recent  
Passport size  
photograph

Sl. No.	Name of School/ College with Address	Name of Board/Council/ University	Examination passed & year of passing	Division/ Class obtained	% of marks obtained

11. Date of entry into service :
12. Appointment order No. :
13. Post held :
14. Present place of posting :

\_\_\_\_\_  
*Signature of the applicant*