



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

INSTRUCTIONS TO CANDIDATES

1. Read the Information Bulletin and the instructions given below carefully before filling up the application form.
2. The application form (original / down loaded) has to be used for filling up. Photocopy of the original form is not acceptable. No part of the application form should be removed.
3. If a candidate is found to have provided with false information/certificate or 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 in this regard.
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) Declaration of the Father/Guardian/Husband
- iii) Certificate from the employer (if employed & applying for Open Category)
- iv) Sponsored Certificate (for sponsored in-service candidates only)
- v) Attested copies :
 - a) Appointment Order (for sponsored in-service candidates only)
 - b) Domicile /Permanent Resident Certificate
 - c) Aadhaar Card
 - d) Scheduled Caste/ Scheduled Tribe/ OBC Certificate
 - e) Admit Card – NEET-PG - 2020
 - f) Score Card – NEET-PG – 2020
 - g) Age proof certificate (i.e. Matric Certificate)
 - h) Class XII Mark Sheet
 - i) MBBS Degree Certificate from the University.
 - j) Mark-Sheets – 1st MBBS, 2nd MBBS and final MBBS (Pt-I & II)
 - k) Attempt Certificate of MBBS Course.
 - l) Internship Completion/Undergoing Certificate
 - m) Medical Registration Certificate (State Medical Council or M.C.I.)
 - n) MCI/NBE Screening Test Result (for graduates from outside India)
 - o) One extra copy of recent passport photograph.

ENROLLMENT NO.....

Application Form No.



REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL – 795 004
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**APPLICATION FORM FOR 2ND CUM MOP-UP POSTGRADUATE
COUNSELLING FOR ADMISSION FOR THE SESSION - 2020**

The candidate should fill in the application form
with his/her own handwriting.

Affix one recent
passport size photograph
here duly signed by the
Candidate and attested
on the front side by a
Gazetted Officer with
Official Seal

Name of the candidate :
(in block letters)

Name of the attesting Officer :
(in block letters)

Designation :

Seal :

I hereby apply for the Counselling for admission to the postgraduate course in the
Regional Institute of Medical Sciences, Imphal for the session 2020 under the category
given below : Tick (✓) 'A' or 'B' or 'C' or 'D'

A) Sponsored B) RIMS Graduate C) RIMS-AIQ Graduate

D) Non-RIMS NE Graduate

(one candidate should apply for one category only)

I am submitting herewith the following particulars in support of my application.

1.
(Name) (Middle name) (Surname)
 2. Date of Birth :Nationality
 4. General / ST / SC / OBC : Gender :
 5. Father's Name :
Occupation :
 6. Mother's Name :
Occupation :
 7. Address : (In Block Letters)
 - a) Permanent Address :
(Please indicate pin code)
.....
 - b) Postal Address for Communication :
(Please indicate pin code)
.....
.....
 - c) Contact information :
Mobile/Phone No. (including STD Code) :
Fax No. (including STD Code) :
E-mail Address :
 8. State of domicile of the candidate:
 9. (a) Name of the College from which
passed MBBS Examination :
 - (b) Name of the University from which
passed MBBS Examination.
 - (c) Year of admission to MBBS Course :
 - (d) Year of passing final MBBS Exam. :
 - (e) No. of Attempt taken to pass : 1st Professional :
2nd Professional :
3rd Professional (Part - I).....
3rd Professional (Part - II).....
-

10. Whether you have undergone any PG Course at RIMS, Imphal or any other Institute/College? If yes,

(i) Year of Admission & completion:

(ii) Subject:

11. Year and month of completion of Internship:

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

.....

13. If in-service :

Name of the Organization / Department:.....

Period : from : to

(Appointment order from concerned Government authority should be enclosed)

I hereby declare that the application form has been filled in with my own handwriting and the information given in the application form is correct. 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 will be present for verification with all the original documents at the time of joining. I also understand and agree that at any stage, if any of the information furnished by me is found incorrect, my admission may be cancelled.

I 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 :

DECLARATION OF THE FATHER / GUARDIAN OF THE CANDIDATE

I hereby declare that I will be responsible for timely payment of all dues payable to Regional Institute of Medical Sciences, Imphal in respect of my son/daughter/ward/wife during the period of his / her study at Regional Institute of Medical Sciences, Imphal and hereafter until the accounts are cleared.

.....
Signature of the Father/Guardian

Place : Address :

Dated :

(To be attested by a Gazetted Officer)

CERTIFICATE TO BE FURNISHED BY THE EMPLOYER
(for in-service candidates applying in open category)

Certified that Dr.(Mr./Miss/Mrs.) :
is serving as..... in the Department of
..... since..... He/She will be relieved, if selected, for
the postgraduate course within the stipulated time for admission. To the best of my knowledge,
he/she bears a good moral character.

Signature :

Name :
(In block letters)

Place : Designation :

Dated : Office seal :

CERTIFICATE TO BE FURNISHED BY THE EMPLOYER
(only for sponsored in-service candidates)

1. Certified that Dr. (Mr./Miss/Mrs.) :
is sponsored for undergoing training leading to the award of MD/MS/Diploma at the Regional Institute of Medical Sciences, Imphal for the session – 2020. He/She will be relieved, if selected, within the prescribed time as notified by the University.

2. Dr.
is a permanent employee of w.e.f.....
and after getting the training at RIMS, Imphal, he/she will be suitably employed by the sponsoring authority to work in the speciality in which training is being provided.

4. The candidate will not be paid any emoluments by Regional Institute of Medical Sciences, Imphal during the entire training period. Such payment will be the responsibility of the sponsoring authority.

Signature :
(sponsoring authority)

Name :
(In block letters)

Place :

Designation:

Dated :

Organization:
(with office seal)

Please Note :

- i) **Candidate who is appointed on temporary/contract or adhoc basis shall not be considered under the Sponsored category.**
- ii) **Only the above certificate duly signed by the “Sponsoring Authority” will be considered.**
- iii) **No addition or alteration in the above certificate is allowed.**
- iv) **The sponsoring authority means the appointing authority.**



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ENROLLMENT NO. :.....

ACKNOWLEDGEMENT SLIP

Affix one recent
passport size
photograph here

This is to acknowledge, receipt of completely filled in prescribed form to register in the list of candidates who are to undergo counselling for admission to MD/MS/Diploma Postgraduate Courses - 2020 in Regional Institute of Medical Sciences (RIMS), Imphal for the session 2020.

Name of the Candidate: _____
(full name in Block letters)

Signature of the Candidate: _____

Date of submission of form

Date	Month	Year

Permanent address of Candidate: _____

Contact No. of Candidate: _____

Officer-in-charge,
Postgraduate Selection Committee - 2020
Regional Institute of Medical Sciences,
Imphal – 795004

Signature of Counselling officials with date

2nd cum Mop-up round Counselling	
Any subsequent counselling	