PRESCRIBED FORMAT FOR THE POST OF

___, RIMS, IMPHAL

		_	
1.	Full name in Block letters	:	
2.	Father's/Husband Name	:	Affix recent Passport size
3.	Date of birth	:	photograph
4.	Age (as on the last date of sub	omission of application):	
5.	Gender & Marital Status	:	
6.	Permanent address in full	:	
7.	Present address with	:	
	postal code in full		_
3.	Telephone/Mobile No.	:	
€.	E-mail ID	:	
10.	Nationality (State whether by	birth or by domicile) :	
11.	Do you belong to Schedule Ca	aste/Schedule Tribe/OBC category?:	

 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/BDS					
M.D./M.S./ M.Ch./D.M. / MDS with speciality					
DNB					

13. Teaching experience:

(a) Before Post Graduation:

Sl. No.	Post (s) held	ld Name of College/Institution	Period o	Period of service		Reason of
			From	То	(Regular/ Contract)	leaving
į						
					į	

(b) After Post Graduation:

Post (s) held	Post (s) held Name of College/Institution	Period of service		Nature of Appointment	
		From	То	(Regular/ Contract)	leaving
					·····
	Post (s) held	Post (s) held Name of College/Institution From To Appointment (Regular/			

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
	· · · · · · · · · · · · · · · · · · ·		

	Name of the book published	Chapter contributed	Year of publication
 17, Pri	zes and Awards received:		
1.			
2.			
3.			
18. Ext	ra Curricular activities:		
1.			
2.			
3.			
	use the space provided in the format is not sufficien	it a separate statement/sheet may be attac	hed as Annexure.
10			
19.	<u>DECLA</u>	<u>ARATION</u>	
	I, Shri/Shrimati/Kumari		
dec	lare as under:		
i)	That I am unmarried/a widower/a wido		
ii) iii)	That I am married and have only one s That I have entered into or contracte	_	ng a spouse livir
****)	Application for grant of exemption is		or options
iv)	That I have entered into and contracte of my spouse. Application for grant of		during the lifeting
v)	That I hereby declare that the ent best of my knowledge and belief false/incorrect my candidature/se notice.	. In the event of any informat	tion being four
Stat	cion:	Signatu	ıre:
Dat	e:	Full name o	of the applicant:
List	of documents enclosed:		
1.			
2. 3.			

NO OBJECTION CERTIFICATE (For candidates in Government service)

	Certified that					is working a
		on regula	ar / contract	basis in the (PB+GP)	
in the	pay of P.B. Rs.	+	G.P. Rs		·	
	The Institute /Colleg	ge has n	o objection	to his/her	applying	for the post o
		 		, RI	IMS, Impha	ıl.
service	Further, certified that a		he/she is ap	pointed, he/s	she will be	released from the
Date: _				Hea	Signa d of the Ins	ature stitute/College
				Name;		
				Designation:		
				Institute/Co	llege:	
				Seal		