

**APPLICATION FORM**  
**REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL**  
**APPLICATION FOR THE POST OF \_\_\_\_\_, RIMS, IMPHAL**

1. Full Name in Block Letters :

2. Father's/Husband's Name :

3. Date of birth :

4. Age (as on the last date of  
Submission of application) :

5. Category (SC/ST/OBC/Gen) :

6. Particulars of Disability:

a) Type of Physical Disability:

b) Nature of Disability:

c) Percentage of Disability:

(as certified by the Competent Medical Authority in the Disability Certificate)

7. Gender :

8. Permanent Address in full :

9. Present Address in full :

10. Telephone/Mobile No. :

11. E-mail ID :

12. Nationality (State whether by birth or by domicile):

13. Details of Examination passed from Matriculation/School leaving certificate on wards:

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

Affix recent  
Passport size  
photograph

Contd./-...

14. (a) Experience:

Sl. No.	Name of Office/Institute/Org.	Post (s) held	Period of service		Nature of job	Reason of leaving
			From	To		

(b) Whether No Objection certificate from the Employer is attached, if not, reason thereof:

**Declaration**

I hereby declare that the entries made in this form as above 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 of applicant in full

Date: \_\_\_\_\_