



**REGIONAL INSTITUTE OF MEDICAL SCIENCES**  
(An autonomous Institute under Ministry of Health & Family Welfare, Government of India)  
**IMPHAL : MANIPUR**

**CIRCULAR**

Imphal, the 14<sup>th</sup> Nov., 2017

No. B/2287/2012-RIMS: <sup>263</sup> One of the postgraduate students of this institute has filed a grievance in the PMO in Sept., 2017 and the grievances have subsequently appeared in Social Media and Local Media. The Hon'ble High Court of Manipur has also appointed a Committee to look into the matter and report to the Hon'ble High Court. One of the grievances of the postgraduate student is that "Nobody likes to improve this hospital because they have their own private hospital and laboratory outside ....".

In view of the above, it is hereby informed to all the doctors serving in the Regional Institute of Medical Sciences, Imphal including Postgraduate and Junior Residents (Non-Academics) that they are to submit a "Declaration" relating to private practice in the enclosed prescribed format to the office of the Medical Superintendent, RIMS Hospital through HODs by 2:00 p.m. today. All the Head of Departments are requested to collect the duly completed forms from all doctors working under their administrative control and submit the same to the Office of the Medical Superintendent, RIMS Hospital, Imphal by 2:30 p.m. today.

*ChA Singh.*

Medical Superintendent,  
RIMS Hospital, Imphal

Copy to:

1. P.S. to Director, RIMS, Imphal – for kind information of Director
2. The Dean (Academic), RIMS, Imphal
3. The Principal, Dental College, RIMS, Imphal
4. All HoDs, RIMS, Imphal
5. The Deputy Director (Admn.) i/c, RIMS, Imphal
6. The C.A.O./F.A., RIMS, Imphal
7. File concerned

*Robinson to kindly upload RIMS website*

**DECLARATION ON PRIVATE PRACTICE BY RIMS DOCTORS**

I, \_\_\_\_\_, Designation \_\_\_\_\_  
Department of \_\_\_\_\_ do hereby solemnly declare that I am  
not indulged in private practice in any format.

I am also giving my undertaking that I shall not be doing private practice so long as  
I am in the service of Regional Institute of Medical Sciences, Imphal.

Signature : \_\_\_\_\_

Name in capital letter : \_\_\_\_\_

Designation : \_\_\_\_\_

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

Countersign by the HoD with date: \_\_\_\_\_