



**REGIONAL INSTITUTE OF MEDICAL SCIENCES**  
**IMPHAL : MANIPUR**

(An Autonomous Institute under the Ministry of Health & Family Welfare, Govt. of India)

**C I R C U L A R**

Imphal, the 9<sup>th</sup> June, 2020

No. B/3471/2020-RIMS: 15754 In order to streamline vehicle movement within RIMS campus, a new **VEHICLE PASS** (for two & four wheelers) is to be introduced shortly. Therefore, all RIMS staff (including contractual, Daily Wages Worker & on duty project staff and students) are requested to submit his/her vehicle details along with the photo copy of Vehicle Registration card & Driving License in the Prescribed format enclosed herewith to the undersigned on or before 15<sup>th</sup> June, 2020. Any vehicle without "RIMS VEHICLE PASS" may be treated as an outsider and will not be allowed parking inside the RIMS Campus.

(K. Doungel)  
Deputy Director (Admn.),  
Regional Institute of Medical Sciences,  
Imphal

Copy to:-

1. P.S. to the Director, RIMS, Imphal. –for kind information.
2. The Medical Supdt., RIMS Hospital, Imphal.
3. The Dean (Academic), RIMS, Imphal.
4. The Principal, Dental College, RIMS, Imphal.
5. The Principal, College of Nursing, RIMS, Imphal.
6. All Head of Departments/Sections/Units, RIMS, Imphal.
7. The Deputy Director (Admn.), RIMS, Imphal.
8. The C.A.O./F.A., RIMS, Imphal.
9. The Nursing Supdt., RIMS Hospital, Imphal.
10. The Administrative Officer, RIMS, Imphal.
11. The Accounts officer, RIMS, Imphal.
12. The Librarian, RIMS, Imphal.
13. The Consultant Engineer (Elect/Civil),  
Central Workshop, RIMS, Imphal.
14. All S.O.s, RIMS & RIMS Hospital, Imphal.
15. The Steward, RIMS, Imphal.
16. The Liaison Officer i/c, RIMS, Imphal.
17. The System Administrator, RIMS, Imphal. – to upload the circular on RIMS website
18. Concerned file.
19. Notice Board.

They are requested  
to bring the above  
notice to the  
Knowledge of the  
staffs working  
under their control.

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**VEHICLE DETAILS**

Name : .....

Designation : .....

Place of Posting : .....

Vehicle Type (tick) :      1) Two wheels       2) Four wheels

Vehicle Name & Model No. : .....

Vehicle Registration No. : .....

Driving License No. : .....

Phone No. : .....

Address : .....

Category (tick) :      Regular       Contractual       Student   
Daily Wage Worker       Project Staff

All the information given above is true to the best of my knowledge.

Signature of the Employee/Student