PRESCRIBED FORMAT FOR THE POST OF

	SENIOR RESIDENT OF	/	RIMS, IMPHAL
1.	Full name in Block letters	:	
2.	Father's/Husband Name	:	Affix recent
3.	Date of birth	:	i dissport size
4.	Age (as on the last date of su	bmission 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 in Block letters	:	
1().	Nationality (State whether by	/ birth or by domicile) :	
I1.	Do you belong to Schedule C (if yes please indicate and er	aste/Schedule Tribe/OBC category?:	

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	·				
M.D./M.S. with specialty					
DNB					

DECLARATION

	I,	Shri/Shrimati/Kumari				
dec	lare as	under:				
i) ii) iii) iv)	That I am unmarried/a widower/a widow. That I am married and have only one spouse living. That I have entered into or contracted a marriage with a person having a spouse living Application for grant of exemption is enclosed That I have entered into and contracted a marriage with another person during the lifetime of my spouse. Application for grant of exemption is enclosed. AND That I hereby declare that the entries made in format 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.					
Statio Date:	ວກ: :	······································	Signature:			
List c	of docu	ments enclosed:	Full name of the applicant:			
1. 2. 3. 4.						

NO OBJECTION CERTIFICATE (For candidates in Government service)

	Certified that				<u> </u>				is working a
in the	on regular / contract basis in the (PB+GP) pay of P.B. Rs + G.P. Rs								
	The Institute	/College	has no	objection	to	his/her	applying	for	the post o
-						, RI	MS, Impha	al.	
	Further, certifie		case if he	/she is ap	poin	ited, he/s	she will be	relea	ased from the
Date: _						Hea	Signa d of the Ins		e/College
					Nor	· · · · · · · · · · · · · · · · · · ·		٠.	
					Seal		0		