

PRESCRIBED FORMAT FOR THE POST OF

SENIOR RESIDENT OF _____, RIMS, IMPHAL

1. Full name in Block letters : _____
2. Father's/Husband Name : _____
3. Date of birth : _____
4. Age (as on the last date of submission of application): _____
5. Gender & Marital Status : * _____
6. Permanent address in full : _____
7. Present address with : _____
postal code in full _____
8. Telephone/Mobile No. : _____
9. E-mail ID in Block letters : _____
10. Nationality (State whether by birth or by domicile) : _____

Affix recent
Passport size
photograph

11. 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					
M.D./M.S. with specialty					
DNB					

13.

DECLARATION

I, Shri/Shrimati/Kumari _____

declare as under:

- i) That I am unmarried/a widower/a widow.
- ii) That I am married and have only one spouse living.
- iii) That I have entered into or contracted a marriage with a person having a spouse living. Application for grant of exemption is enclosed..
- iv) 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

- v) 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.

Station:

Date:

Signature:

Full name of the applicant:

List of documents enclosed:

- 1.
- 2.
- 3.
- 4.

NO OBJECTION CERTIFICATE
(For candidates in Government service)

Certified that _____ is working as
_____ on regular / contract basis in the (PB+GP) _____
in the pay of P.B. Rs. _____ + G.P. Rs. _____.

The Institute /College has no objection to his/her applying for the post of
_____, RIMS, Imphal.

Further, certified that in case if he/she is appointed, he/she will be released from the
service of this Institute/College.

Date: _____

Signature
Head of the Institute/College

Name: _____

Designation: _____

Institute/College: _____

Seal



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website : www.rims.edu.in

REGIONAL INSTITUTE OF MEDICAL SCIENCES
(An autonomous Institute under Ministry of Health & Family Welfare, Government of India)
LAMPHELPAT, IMPHAL - 795004 : MANIPUR

UNDERTAKING

Imphal, the _____, 2021

I, Dr.working as
Senior Resident in the Department of RIMS,
Imphal hereby undertake that I will perform my duties as per my duty roster even if
it includes Night Duty failing which my engagement may be terminated forthwith.

Name:

Signature:

Department: