

REGIONAL INSTITUTE OF MEDICAL SCIENCES

(An autonomous Institute under Ministry of Health & Family Welfare, Government of India) **IMPHAL: MANIPUR**

NOTICE
Imphal, the 17th August, 2021

No. 3552/2021-RIMS: In view of urgent requirements of doctors and in the interest of patient care services for management of COVID 19 patients, the Institute intends to urgently fill-up the following posts of doctors for COVID duty under the Scheme of ECRP (Emergency COVID Response Plan-II) on contract basis for a period of 6 (six) months through walk-in-interview. The walk in interview is scheduled on 27th August, 2021 from 11.00 a.m. onwards in the Conference Room of Jubilee Hall, RIMS, Imphal. Interested candidates having the following qualification, experience and within the upper age limit may apply in the prescribed format (given in the website) and submit the application along with the copies of educational qualification, experience etc. to the Office of the Administrative Officer, RIMS, Imphal by 4:00 p.m. of 23rd August, 2021. The details of the posts are given as under:-

| Sl. No. | Name of the post | Consolidated Pay | No. of post | Qualification & Experience |
|------------|--|---|-------------|--|
| 1. | Senior Resident, (Anaesthesiology/Critical Care [Medicine/ Res. Medicine/Paediatrics/ etc.]) | ₹ 1,10,000/- | 10 | i. Post-graduate degree (MD) in Anaesthesiology recognized by MCI / NMC ii. Candidate must be registered with the Manipur Medical Council |
| 2. | CMO/ Critical Care Dr. | ₹ 90,700/- (pay in case of MBBS candidate) Or ₹ 1,10,000/- (in case of MD/MS candidate) | 10 | i. MBBS degree from University/Institute recognized by MCI/NMC. Desirable: Candidates having the requisite recognized Post Graduate qualification in Medicine/ Res. Medicine/ Paediatrics/Surgery/ Ortho from a recognized Medical Institute/University and included in the schedule II of MCI Act. |
| 3. | Junior Resident (Non Academic) | ₹ 90,000/- | 20 | i. MBBS degree from University/Institute recognized by MCI/NMC. ii.Manipur Medical Council Registration. |

The candidates have to produce their original certificate, testimonials before the Selection Board. Those who are presently employed in Government hospital/Department must obtain 'NOC' from their respective employers, failing which their candidature may be cancelled without further intimation to the concerned candidate. No private practice shall be allowed while working at RIMS, Imphal.

The upper age limit is 45 years, relaxable as per Government of India norms.

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

Copy to:

- 1. PS to Director, RIMS, Imphal.
- 2. The Medical Superintendent, RIMS Hospital, Imphal.
- 3. The CAO/FA, RIMS, Imphal.
- 4. The Administrative Officer, RIMS, Imphal.
- 5. The System Administrator, RIMS, Imphal-for uploading the above notice on the RIMS website.
- 6. The Media Advisor, RIMS, Imphal.
- 7. The Caretaker i/c, Jubilee Hall, RIMS, Imphal.
- 8. Notice Board.

PRESCRIBED FORMAT FOR THE POST OF

| | marin mention with the | , F | RIMS, IMPHAL |
|-----|--------------------------------|-------------------------------------|----------------------------|
| 1. | Full name in Block letters | : | |
| 2. | Father's/Husband Name | : | Affix recent Passport size |
| 3. | Date of birth | : | nhotograph |
| 4. | Age (as on the last date of su | ıbmission of application): | |
| 5. | Gender & Marital Status | ** | |
| 6. | Permanent address in full | ; | |
| 7. | Present address with | : | |
| | postal cocle in full | | |
| 8. | Telephone/Mobile No. | : - | |
| 9. | E-mail ID in Block letters | : | |
| .01 | Nationality (State whether by | y birth or by domicile) : | |
| 11. | Do you belong to Schedule C | 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 | | | | | |

DECLARATION

| | I, | Shri/Shrimati/Kumari | |
|--------------------------|---------------------------------------|---|--|
| decla | are as u | | |
| i) ii) iii) iv) | That That That Appli That | I am unmarried/a widower/a widow. I am married and have only one spouse living. I have entered into or contracted a marriage wide cation for grant of exemption is enclosed. I have entered into and contracted a marriage with spouse. Application for grant of exemption is enc | l a |
| v) | That best o | AND I hereby declare that the entries made in fo of my knowledge and belief. In the event o incorrect my candidature/services are liable | rmat are true and correct to the |
| Date: . List of | , | nents enclosed: | Signature: Full name of the applicant: |
| 1. 2. 3. 4. | | | |

NO OBJECTION CERTIFICATE

(For candidates in Government service)

| Certified that | is working as |
|---|---|
| | regular / contract basis in the (PB+GP) |
| | : + G.P. Rs |
| | nas no objection to his/her applying for the post of |
| | , RIMS, Imphal. |
| Further, certified that in caservice of this Institute/College. | se if he/she is appointed, he/she will be released from the |
| Date: | Signature Head of the Institute/College |
| | Name: |
| | Designation: |
| | Institute/College: |
| | Seal |



Fax Phone 0385-2414625

0385-2414539 0385-2414629

e-mail : website : rims@rims.edu.in 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, Drworking as |
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| 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: |