



REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL – 795 004
(An Autonomous Institute under the Ministry of Health & Family Welfare, Govt. of India)

ONLINE REPORTING FOR THE ADMISSION OF MD/MS/DCP COURSES 2021
(for candidates opting for E- Joining)

NOTICE

Imphal, January 25, 2022

No. RIMS/184-Adms(PG)/2021(Pt) : In accordance with the notification of the Office of the ADG(ME) No. U-12021/06/2021-MEC dated 21-01-2022, the candidates who are willing to join RIMS, Imphal are directed to submit the following self-attested documents and undertaking to the given e-mail along with a scanned copy of duly filled out Application Form. They are also required to transfer the admission fee to the following Bank Account after getting a confirmation mail/phone call to do so from the Institute. Details of the contact person, bank and documents are given below.

Contact and Bank Details

E Mail Id: dean.rims.imphal@gmail.com

Contact Person: Prof.Th. Meera

Mobile Number: + 91 6033995835

Venue of Reporting in case of physical joining: A-Block, Academic Section, RIMS, Imphal

Timings/ Schedule in case of physical joining: 9.30 am to 4.30 pm

Name of Bank: Bank of Baroda,

Branch Name: RIMS Branch, Lamphelpat

Name of the Account: Director RIMS Imphal

Account Number: 59150100002532

IFS Code: BARBØRIMIMP (Ø=Zero)

Admission fee: Rs. 39,500/-

Scan copies of the following documents are required for Online Reporting for verification by the College authorities:

- a) Provisional Allotment letter
- b) Admit Card of NEET-PG - 2021
- c) Score Card of NEET-PG - 2021
- d) Mark Sheets – 1st, 2nd & 3rd (Pt-I & II) MBBS Professional Examinations.
- e) Original MBBS Degree Certificate
- f) Age Proof Certificate (HSLC & equivalent one)
- g) Class XII – Mark sheet
- h) Internship Completion Certificate
- i) ST/SC/OBC Certificate (if applicable)
- j) PH Certificate (if applicable)
- k) Aadhar Card
- l) Permanent Medical Registration Certificate (State Medical Council or NMC)
- m) A hand written Undertaking (as given below) by the candidate
- n) Proof of payment of admission fee (Transaction detail)

"I hereby declare that all the information given/uploaded by me in the application is factually correct and true to the best of my knowledge and belief. I understand and agree that in the event of any information being found false or incorrect at any stage, my candidature is liable to be cancelled and I will have no claim on the seat allotted to me by the competent authority."

And in pursuance of the notification of the Office of the ADG(ME) No. U-12021/06/2021-MEC dated 24-01-2022, those who are willing to upgrade in the round 2 of counseling, the institute prefer that the candidate should report physically with the originals of the abovementioned documents. If, it is not feasible a representative dully authorized by the candidate may report to the institute with the original documents. If this option is also not possible, then the candidate has to submit an application addressed to the Director/Dean by email (dean.rims.imphal@gmail.com)

NB: (i) Pay attention to upgrading question in the application form.
(ii) You are responsible for sending document to the MCC, if any.



(Brogen Singh Akoijam)
Dean (Academics)
Regional Institute of Medical Sciences,
Imphal



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APPLICATION FORM FOR AIQ P.G. ADMISSION - 2021

Subject :

1. Name of Candidate :
(in block letters)
2. Date of Birth : Gender : Category (UR/OBC/ST/SC)
3. State of domicile :
4. Address (in block letters) :
 - (a) Permanent Address :
District.....State.....
Pin Code
 - (b) Correspondence Address
District.....State
Pin Code Tel. No.....
E-mail address
5. Father's Name :
Occupation :
6. Mother's Name :
Occupation :
7. Marks obtained in NEET PG :Ranking.....
8. Percentile of marks in NEET PG :
9. Details of MBBS Degree :
 - a) Name of the College / Institute :
 - b) Name of the University :
 - c) Year of passing MBBS Course :
 - d) Date of Internship Completion :

10. Permanent Registration No. & Date with Name of the Medical Council :
.....

11. Whether recognized by NMC ? : Yes / No

12. If in-service :

Name of the Organization / Department : Period :
from : to
(Appointment order from concerned Government authority should be enclosed)

13. Bank account details of the applicant including IFSC.

Place :

Signature of the Candidate

Date :