

Advt. No. B/3520/2021-2021 RIMS

REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL

Proforma of Application for Consultant-2021

Space for
Photograph
Self
attested

1. Name of the Post applying for:
2. Name of the applicant (in Capital letters):
3. Address (with Pin code):
4. Date of Birth:
5. Age as on 31.01.2021: ____ years ____ months ____ days
6. Date of retirement:
(Enclosed self-attested copy of the retirement order, if already retired)
7. Mobile Number:
8. E-mail ID:
9. Detail of the qualification: (enclosed self-attested copy of the certificate):

Qualification	Year of Passing the Examination	Name of the Institute
10 th		
12 th		
Graduate		
Post Graduate		
Other (Please specify)		

10. Detail of the Essential Qualification /Experience, as per essential qualification/experience requirement (enclose self-attested copy of PPO/Last appointment order):

Name of the Office	Post held with Grade pay	Period for which post was held	Matter dealt

11. Detail of knowledge of working on Computer:

Name of the organization	Period	Software on which worked

I certify that the above data is correct.

Signature of the Applicant with date