## PRESCRIBED FORMAT FOR THE POST OF

	SENIOR RESIDENT OF _	, RIN	MS, IMPHAL
1.	Full name in Block letters	•	
2.	Father's/Husband Name		Affix recent Passport size
3.	Date of birth		photograph
4.	Age (as on the last date of sul	bmission 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) :	
11.	Do you belong to Schedule Ca (if yes please indicate and en	aste/Schedule Tribe/OBC category?: aclose 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**

	ı, Shrı/Shrimati/Kumari					
decl	lare as under:					
i) ii)	That I am unmarried/a widower/a widow.  That I am married and have only one spouse living.	parried and have only one spouse living				
iii) iv)	Application for grant of exemption is enclosed					
10)	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.					
v)						
Static Date:	on:	Signature:				
List o	of documents enclosed:	Full name of the applicant:				
1. 2. 3. 4.						

## NO OBJECTION CERTIFICATE (For candidates in Government service)

Certified that	is we	orking a
	on regular / contract basis in the (PB+GP)	
	·+ G.P. Rs	
The Institute /Col	lege has no objection to his/her applying for the	post c
	RIMS, Imphal.	
Further, certified that service of this Institute/Coll	t in case if he/she is appointed, he/she will be released ege.	from the
Date:	Signature Head of the Institute/Col	lege
	Name:	
	Designation:	
	Institute/College:	
	Seal	