



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

SPECIFIC INSTRUCTIONS

1. Read the Advertisement of the Course, information bulletin and the instructions given below carefully before filling up the application form.
2. The original application form / down loaded form has to be filled in. Photocopy of the original form is not acceptable. No part of the application form should be removed.
3. If a candidate is found to have provided with false information/certificate or is found to have withheld or concealed some information in his/her application form, he/she shall be debarred from admission.
4. Incomplete Application Form will not be accepted and no communication will be made. The names of the eligible candidates will be available in our website-rims.edu.in.
5. Change in address should be intimated to this office immediately.

NOTE :

Arrange the application in the following order and firmly tag before dispatch to the Institute by post/by hand.

- i) Application Form.
- ii) No objection Certificate from the employer. (if employed)
- iii) Schedule Caste/ Schedule Tribe/ OBC Certificate for the concerned candidates from the concerned authority.
- iv) Domicile certificate
- v) **Attested Copies :**
 - a) Age proof certificate(HSLC pass certificate)
 - b) MBBS pass Certificate (University)
 - c) Mark-Sheet – 1st MBBS, 2nd MBBS and final MBBS.
 - d) Attempt Certificate of MBBS Course.
 - e) P.G. Degree or equivalent Certificate (University)
 - f) Medical Registration Certificate (State Medical Council or M.C.I.)
- vi) Admit Card and Attendance Sheet
- vii) One passport size photograph.



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

**Application Form for Post-Doctoral M.Ch. Courses Entrance
Examination for the session - 2014**

The candidate should fill in the application form with his/her own handwriting.

Affix one recent passport size photograph here duly attested on the front side by a Gazetted Officer with Official Seal.

Name of the candidate :
(in block letters)

Name of the attesting Officer :
(in block letters)

Designation :

Seal :

I hereby apply for the Entrance Examination for admission to the Post-Doctoral M.Ch. courses in the Regional Institute of Medical Sciences, Imphal for the session 2013 under the category given below : Tick (✓) '01' or '02'

Urology - 01 Plastic & Reconstructive Surgery - 02

(one candidate can apply for one category only)

All India Open – 01-A RIMS/Beneficiary State - 01-B

{ in Urology, tick only one of the two 01-A & 01-B }

I am submitting herewith the following particulars in support of my application. All the documents mentioned are enclosed along with the application form for necessary perusal.

1.
(Name in block letter) (Middle name – in block letter) (Surname – in block letter)
2. Date of Birth : Day..... Month..... Year.....
3. Nationality :
4. UR / ST / SC / OBC :Male/Female :
5. Father's Name :
Occupation :
6. Mother's Name :
Occupation :
7. Address : (In Block Letters)
a) Permanent Address :
.....
.....
b) Postal Address for Communication :
.....
.....
Phone No. (including STD Code)Mobile.....
Fax No.(including STD Code)
& E-mail Address -
8. State of domicile of the candidate :
9. Name of the College and University from which the candidate passed MBBS
Examination :
(a) Year of admission to Course :
(b) Year of passing final MBBS Exam. :
(c) No. of Attempts taken to pass :
1st Professional MBBS :
2nd Professional MBBS :
3rd Professional Pt-1 MBBS :
3rd Professional Pt-II MBBS :
(d) Year and month of completion of internship :

10. Name of the Institute and University from which the candidate passed M.S. (Surgery) / equivalent Examination :
- (a) Month & Year of admission to Course :
- (b) Month & Year of passing the Exam. :
11. List of research publications :
(use separate sheet if required)
12. Permanent Medical Registration No. with Name of the Medical Council :
.....
13. If in-service : Name of the Organization/Department
- Period : from : to
- (enclosed order copy of the appointing authority)

I hereby declare that the application has been filled in with my own handwriting and the information given in the application form is correct. In case, at any stage if the information furnished by me is found incorrect my admission may be cancelled. I, further, declare that I have read the rules as given in the information bulletin and shall abide by the rules and regulations of the Institute.

I also agree to undergo the course on a full time basis and shall not engage myself in private practice during the period.

Place :

Signature of the Candidate

Date :

CERTIFICATE TO BE FURNISHED BY THE EMPLOYER
(for in-service candidates applying in open category)

Certified that Dr /.(Mr./Miss/Mrs.) :.....
 is serving as..... in the Department of
 since..... This organization has no objection to
 his/her applying for M.Ch. Course in RIMS, Imphal. He/She will be relieved, if selected,
 for the Post-Doctoral M.Ch. course within the stipulated time for admission. To the best of
 my knowledge he/she bears a good moral character.

Place :

Dated : Signature :

Name :
(In Block Letters)

Designation :
(Office seal)

Name of the Institution :



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

ADMIT CARD

FOR POST-DOCTORAL M.Ch. ENTRANCE EXAMINATION FOR THE
 SESSION – 2014

Roll No.

Subject Code

Affix one recent passport size photograph here duly attested on the front by a Gazetted Officer with official seal.

Name of the Candidate :
 (In Block Letters)

Specimen signature of the Candidate :
 (to be attested by Gazetted Officer)

Signature of Gazetted Officer :

Name :

Designation :

Officer in-charge of Examination

(Office Seal)

ATTENDANCE SHEET

POST-DOCTORAL M.Ch. ENTRANCE EXAMINATION - 2014

Affix one recent passport size photograph here duly attested on the front by a Gazetted Officer with official seal.

Name of the Candidate :
 (In Block Letters)

Signature of the Candidate

TO BE FILLED AT THE TIME OF EXAMINATION

Signature of the Candidate :
 at the time of Examination

Roll No.

Signature of the Invigilator

Note : In case the candidate is absent, Invigilator should write ABSENT and put his/her signature

INSTRUCTIONS FOR CANDIDATE

1. The Examination will be conducted at Examination Hall of Regional Institute of Medical Sciences, Imphal on 15th July, 2014 at 11 A.M.
2. Candidates should report at the examination hall 15 minutes before the commencement of the examination. No candidate will be permitted to enter the hall after 15 (fifteen) minutes of starting of the examination
3. Examination will be held from 11 A.M. to 12.30 P.M.
4. No candidate will be allowed to sit in the examination without the Admit Card.
5. Candidate should bring his/her own ball pen or roller pen
6. Carrying of Mobile Phone, pager, calculator, book, printed or written bits of paper or any objectionable materials is not allowed inside the examination hall.
7. No candidate will be allowed to leave the examination hall before the end of one hour of Examination. Going to Toilet during examination hour will not be permitted.
8. Each candidate must write his/her own Roll No. on the answer sheet at the space provided.
9. Silence must be observed in the examination hall. Any candidate found using unfair means or improper conduct will be liable for expulsion from the examination hall.
10. The candidates are advised to preserve the Admit Card till the Counseling is over.
