



REGIONAL INSTITUTE OF MEDICAL SCIENCES
(An Autonomous Institute under the Ministry of Health & Family Welfare, Government of India)
IMPHAL : MANIPUR

ADVERTISEMENT

Imphal, the 20th May, 2013

No. B/2903/2012-RIMS: Applications in prescribed format are invited from the intending citizens of India for appointment of the following post of RIMS, Imphal so as to reach the office of the undersigned on or before 20th June, 2013. Candidates in Government service should submit their applications through proper channel.

1. **ASSISTANT PROFESSOR OF RADIODIGNOSIS, RIMS, IMPHAL**

(i) Assistant Professor of Radiodignosis

No. of post – 1 No; (UR)

Scale of Pay – Rs. 15600 – 39100 + 3 increments + G.P. Rs. 7000/- + NPA & other allowances.

Qualification & Experience:

- i) Requisite recognized postgraduate qualification in the subject (M.D. (Radiodignosis)/M.D. (Radiology)/M.S. (Radiology) or equivalent DNB qualification in the subject)
- ii) Three years teaching experience in the subject in recognized Medical College as Resident/Registrar.

Upper age limit: 45 years. Relexable 5 years for Govt. servants.

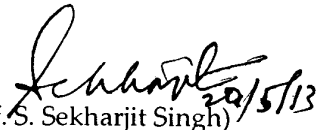
The application in prescribed format should include (i) a copy of Bio-data including contact number & E-mail ID (ii) Certificate of date of birth, (iii) Attested copies of certificates and testimonials of qualification, experience, research & publication works etc. and (iv) a demand draft of Rs. 100/- drawn in favour of Director, RIMS, Imphal payable at Imphal or a copy of cash receipt of the same value from the RIMS cash counter.

The upper age limit shall be the age as on the last date of receipt of the applications to this office.

Incomplete applications and applications received after the stipulated date shall be summarily rejected without any intimation to the candidates.

Date, time and venue of interview will be intimated only to the eligible candidates in due course. Candidates are required to produce their original certificates, testimonials, etc. at the time of interview. The interview will be held at New Delhi. No TA/DA for attending the interview will be paid.

The advertisement is also available on RIMS website – www.rims.edu.in


(Prof. S. Sekharjit Singh)
Director,
Regional Institute of Medical Sciences,
Imphal


Contd./-...

Memo No. B/2903/2012-RIMS:

Imphal, the 20th May, 2013

Copy to:

1. The P.S. to Secretary,
Ministry of Health & Family Welfare, Govt. of India,
New Delhi.
2. The Directorate of Health Services of beneficiary states.
3. The Medical Superintendent i/c, RIMS Hospital, Imphal
4. The Dean (Academic), RIMS, Imphal
5. The Head of Deptt. of Radiodignosis, RIMS, Imphal
6. The Director, DDK, Imphal
7. The Director, AIR, Imphal
8. The Director, Information & Public Relation, Govt. of Manipur.
9. The C.A.O./F.A., RIMS, Imphal.
10. The Accounts Officer, RIMS, Imphal
11. The Media Advisor, RIMS, Imphal
 - He is requested to publish the enclosed abridged advertisement in the Times of India, New Delhi and Hindu, Madras and 1 regional and 2 local papers for 1 day.
12. Section Officer (Bill), RIMS, Imphal
13. The System Administrator, RIMS, Imphal
 - for uploading the above advertisement in the RIMS website for wide information.
14. Notice Boards.


(Prof. S. Sekharjit Singh)
Director,
Regional Institute of Medical Sciences,
Imphal

PRESCRIBED FORMAT FOR THE POST OF
_____, RADIOLOGICAL DEPARTMENT, RIMS, IMPHAL

1. Full name in Block letters : _____
2. Father's/Husband Name : _____
3. Date of birth : _____
4. Age (as on the last date of submission 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 : _____
10. Nationality (State whether by birth or by domicile) : _____
11. Do you belong to Schedule Caste/Schedule Tribe/OBC category?:
(if yes please indicate and enclose a copy of the certificate)

Affix recent
Passport size
photograph

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.					
DNB					

13. Teaching experience:

(a) Before Post Graduation:

Sl. No.	Post (s) held	Name of College/Institution	Period of service		Nature of Appointment (Regular/ Contract)	Reason of leaving
			From	To		

(b) After Post Graduation:

Sl. No.	Post (s) held	Name of College/Institution	Period of service		Nature of Appointment (Regular/ Contract)	Reason of leaving
			From	To		

14. Research works & Publications:

Sl. No.	Year of publication	Name of Journal indicating Vol. no., Page no. etc.	Title	Indicate whether 1 st Author or Co-author

15. Seminar/Workshop/ Conference attended:

Sl. No.	Year	Name of event indicating participation level (Paper presentation etc.)	Details of presentation

16. Whether you have published any book or contributed a chapter in a book? If so mention the name of the book, year of publication etc.

Name of the book published	Chapter contributed	Year of publication

17. Prizes and Awards received:

- 1.
- 2.
- 3.

18. Extra Curricular activities:

- 1.
- 2.
- 3.

Note: In case the space provided in the format is not sufficient a separate statement/sheet may be attached as Annexure.

Declaration

I hereby declare that the entries made in this form as above 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.

Station:

Signature:

Date:

Full name of the applicant:

List of documents enclosed:

- 1.
- 2.
- 3.
- 4.

FOR CANDIDATES IN SERVICE

Certified that _____ is working as
_____ on regular / contract basis in the scale of pay PB _____ +
G.P. _____/- in the _____.

The Institute /College has no objection to his/her applying for the post of
_____ in Radiodignosis Department, RIMS, Imphal.

Further, certified that in case if he/she is appointed, he/she will be released from the
service of this Institute/College.

Date: _____

Signature
Head of the Institute/College

Name: _____

Designation: _____

Institute/College: _____

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