

PRESCRIBED FORMAT FOR THE POST OF
 _____, DENTAL COLLEGE 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) : _____

Affix recent
Passport size
photograph

11. Do you belong to Schedule Caste/Schedule Tribe/OBC category?:
 (if yes please indicate and enclose 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.					
BDS					
MDS with speciality					
Diplomate of National Board with speciality					

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 1st 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 Dental College, 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: _____

Seal