

# PRESCRIBED FORMATE APPLICATION FOR THE POST OF DENTAL COLLEGE, RIMS, IMPHAL

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То

**The Director**, Regional Institute of Medical Sciences, Imphal.

## Sir,

I am submitting herewith my candidature & biodata for the post of \_\_\_\_\_\_ of Dental College, RIMS, Imphal.

- 1. Name in capital Block letter)
- 2. Date of Birth and age on the last date of submission of application
- 3. Home address
- 4. Present address for correspondence :
- 5. Whether Citizen of India
- 6. Academic qualification(a) Graduation (BDS)

Year of passing	Number of attempts	College/University from which graduated

## (b) Post graduation (MDS)/DNB

Year of passing	Number of attempts	College/University from which graduated

## 7. Field(s) of specialization

,



## 8. Experience

## (i) Before post graduation (BDS)

Name of Institution where worked	Designation and whether on regular or otherwise	From	То	Pay scale and pay drawn	Duties and Responsibilities performed

# (ii) After Post graduation/DNB

Name of Institution where worked	Designation and whether on regular or otherwise	From	То	Pay scale and pay drawn	Duties and Responsibilities performed

- (a) Teaching experience
- (b) Research/publication works
- (c) Administrative experience

Name of Institution where worked	Designation and whether on regular or otherwise	From	То	Pay scale and pay drawn	Duties and Responsibilities performed

9. A complete list of publications (Please attach a list)



- 10. Books, if any written
- 11. Extra curricular activities
- 12. Awards, distinction prizes etc.
  - (a) At Graduate level
  - (b) At post Graduate level
- 13. Fellowship/Membership of National and International

Scientific Societies, Academic, etc.

- 14. Present post and designation : (From when held)
- 15. Scale of Pay :
- 16. Salary :

#### Place:

Date:

#### Check list

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2.	
3.	
4.	

## FOR IN SERVICE CANDIDATES

The application of Dr	for the post of	is
forwarded. Dr	is working as	in the scale of
pay of and draw	ing the salary of Rs	
He/She will be released, if select	ted, for joining the post within one month.	

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Date \_\_\_\_\_

Director/Principal Name of College/Institute Seal:

(Signature of the candidate) Address with complete contact details and

Phone/Mobile Numbers