## PRESCRIBED FORMAT FOR THE POST OF

		_, RIMS, IMPHAL
1.	Full Name in Block Letters :	_ Affix recent
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)	

#### 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./ M.Ch./D.M. with speciality					

# 13. Teaching experience:

### (a) Before Post Graduation:

Sl.	Post (s) held	Name of College/Institution	Period o	Appointment		Reason of
No.		S	From	То	(Regular/Contract)	leaving

### (b) After Post Graduation:

aving
-

#### 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

Naı	me of the book published	Chapter contributed	Year of publication
7. Prizes a	and Awards received:		
1.			
2.			
3.			
8. Extra C	urricular activities		
1.			
2. 3.			
	the space provided in the format is not su	fficient a separate statement/sheet may be atta	iched as Annexure.
19.		•	
	D.F.		
	<u>DE</u> 0	<u>CLARATION</u>	
I, Shri/S	Shrimati/Kumari		
Declare as	under:		
;)	That I am unmarried/a widowar/	o widow	
i). ii)	That I am unmarried/a widower/a That I am married and have only		
iii)	That I have entered into or contra Application for grant of exemption	acted a marriage with a person having	a spouse living.
iv)		ntracted a marriage with another perso	on during the lifetin
AN	of my spouse. Application for gr	ant of exemption is enclosed.	
V)	That I hereby declared that the enknowledge and belief. In the e	ntries made in format are true and correvent of any information being foun to be terminated without any notice.	
	•	Sig	nature:
	ion:		0.1
	e:	Full name o	f the applicant:
Date		Full name o	f the applicant:
Date List 1.	e:	Full name o	f the applicant:
Date List	e:	Full name o	f the applicant: