



**क्षेत्रीय आयुर्विज्ञान संस्थान, इंपाल: मणिपुर**  
**REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL, MANIPUR**  
 (स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के अंतर्गत एक स्वायत्त संस्थान)  
 (An Autonomous Institute under the Ministry of Health & Family Welfare, Govt. of India)

Phone : 0385-2414720  
 0385-2414750  
 e-mail : rims@rims.edu.in  
 website : www.rims.edu.in

**ADVERTISEMENT FOR THE POST OF 2 (TWO) ADMINISTRATIVE OFFICERS, RIMS, IMPHAL, BY DEPUTATION**

**NO. GEN/APPT/CON(GrpB)/1/2025-ESTSec:** The Regional Institute of Medical Sciences, Imphal, is looking for a suitable person for the post of 2 (two) Administrative Officers in RIMS, Imphal, on deputation. The scale of pay of Administrative Officer is Level 8 of 7<sup>th</sup> CPC. The details of the eligibility criteria for the post are as follows:-

1. Officers of the Central Government/ State Governments/Union Territories/ Autonomous Organizations/Statutory bodies/ Public Sector Undertaking /University/ Recognized Research Institution:

**A.**

- i. Holding analogous post on a regular basis in the parent cadre/ department; or
- ii. with 02 years' service in the grade rendered after appointment on a regular basis in Level 07 of the Pay Matrix or equivalent in the parent cadre/department or
- iii. with 06 years' service in the grade rendered after appointment on a regular basis in Level-6 of the Pay Matrix or equivalent in the parent cadre/ department and

**B. Essential:**

- i. Graduate from a recognized University/ Institute
- ii. With 02 regular service in Level-7 of Pay Matrix or equivalent
- iii. With 06 regular service in Level-6 of Pay Matrix or equivalent
- iv. At least three years' experience in establishment and administrative work preferably in a hospital/medical institution

**Note:** The maximum age limit for appointment on deputation (ISTC) shall not be exceeding 56 years as on the closing date of receipt of application.

2. The term of Deputation are as follows:-

- |  |  |
|--|--|
| (i) Period of Deputation                   | : 2 years initially extendable upto 5 years.   |
| (ii) Pay                                   | : According to the option to be extend either or fix in the deputation or for pay in present Deptt. plus deputation allowance as modified from time to time. |
| (iii) Pay of deputation post               | : Level 8 of 7 <sup>th</sup> CPC.  |
| (iv) Deputation Allowances                 | : According to option under "Pay".   |
| (v) CCA / SCA                              | : To be regulated as per RIMS, rules & regulations.  |
| (vi) Children Education                    | : Admissible under rules of Central Govt.  |
| (vii) Reimbursement of Tuition Fees        | : Admissible subject to fulfilling of terms & conditions of Central Govt.  |
| (viii) Joining time pay & Transfer         | : Admissible.  |
| (ix) T.A. for journey on Deputation period | : Admissible under Rules of the Society of RIMS, Imphal.   |
| (x) Provident Fund                         | : Subscription to be continued according to rules of parent Govt.  |
| (xi) Pension & Leave Salary Contribution   | : Shall be borne by RIMS, Imphal.  |
| (xii) LTC                                  | : Admissible under Rules of Central Govt.  |
| (xiii) Medical facilities                  | : Admissible under Rules of Central Govt.  |
| (xiv) Residential Accommodation            | : To be provided under the essential Rule of RIMS, Imphal.   |
| (xv) Conveyance                            | : To be provided by RIMS, Imphal, for official duties at office expenses.  |

3. Interested and eligible candidates may apply for the post of Administrative Officer, RIMS, Imphal, **through proper channel** to the office of the Director, RIMS, Imphal. The application, through proper channel, may also be sent at this Institute's email : [rims.imphal@gov.in](mailto:rims.imphal@gov.in), latest by **23.05.2025 (4.30 P.M.) in the prescribed format**, which is attached below. Incomplete application or

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

4 . The shortlisted Candidates will be notified at the Institute's website: [www.rims.edu.in](http://www.rims.edu.in). and hence they are advised to check our website for latest updates on the matter.

5. The issues with the approval of Director, RIMS, Imphal.

(R.K. Mecolt Singh)  
Deputy Director (Admn).

Copy to:-

1. P.S. to Deputy Secretary, Ministry of Health & Family, Welfare, Govt. Of India – for kind information of the Chairman Executive Council Society of RIMS, Imphal.
2. P.S. to Director, RIMS, Imphal.
3. Medical Superintendent, RIMS Hospital, Imphal.
4. System Administrator, RIMS, Imphal – *for uploading the above notice in the RIMS website for wide information.*
5. Notice Boards.

**APPLICATION FORM  
REGIONAL INSTITUTE OF MEDICAL SCINECES, IMPHAL**

**APPLICATION FOR THE POST OF ADMINISTRATIVE OFFICER 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. Category (UR/SC/ST/OBC/PWD) : \_\_\_\_\_
6. Gender & Marital Status : \_\_\_\_\_
7. Permanent address in full : \_\_\_\_\_
8. Present address with : \_\_\_\_\_  
Postal code in full : \_\_\_\_\_
9. Telephone / Mobile No. : \_\_\_\_\_
10. E-mail ID in Block letters : \_\_\_\_\_
11. Nationality (State whether by birth or by domicile) : \_\_\_\_\_
12. Details of Examination passed from Matriculation /School Leaving certificate :

| Sl.No. | Name of School / College with address | Name of Board / Council/University | Examination passed & year of passing | Division / Class obtained | % of marks obtained |
|--------|---------------------------------------|------------------------------------|--------------------------------------|---------------------------|---------------------|
|        |                                       |                                    |                                      |                           |                     |
|        |                                       |                                    |                                      |                           |                     |
|        |                                       |                                    |                                      |                           |                     |
|        |                                       |                                    |                                      |                           |                     |
|        |                                       |                                    |                                      |                           |                     |

Contd./

13. (a) Experience:

| Sl.No. | Name of Office /<br>Institute / Org. | Post (s)<br>held | Period of service |    | Nature of<br>job | Reason of<br>leaving |
|--------|--------------------------------------|------------------|-------------------|----|------------------|----------------------|
|        |                                      |                  | From              | To |                  |                      |
|        |                                      |                  |                   |    |                  |                      |
|        |                                      |                  |                   |    |                  |                      |
|        |                                      |                  |                   |    |                  |                      |
|        |                                      |                  |                   |    |                  |                      |

13 (b). Whether No Objection certificate from the Employer is attached, if not, reason thereof :

**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 candidates / services are liable to be terminated without any notice.**

Station : \_\_\_\_\_

Signature of the applicant in full

Date : \_\_\_\_\_

List of the Enclosures:

1. Integrity Certificate from the parent Department.
2. Vigilance Certificate from the parent Department.
3. No Objection certificate from the present Department.
4. ACRs of last 5 years.