



क्षेत्रीय आयुर्विज्ञान संस्थान, इंपहाल: 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)

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website : www.rims.edu.in

## ADVERTISEMENT

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**No. GEN/CFAC/9/2025-EST Sec:** A "Walk in Interview" for the selection of suitable person for the post of Assistant Professor (Urology) – 1 no. will be held on Friday, the 25<sup>th</sup> April, 2025, at 11 a.m. in the Conference Room of Director, RIMS, Imphal. The appointment is purely on contract basis, for a period of 6 months or till creation of regular post, whichever is earlier. The details are as follows:-

Name, number of post	Edn. Qualification & Experience	Pay	Category	Upper Age Limit
Assistant Professor of Urology-01	<b>Academic Qualification:</b> M.Ch. (Urology) <b>Teaching/Research experience:</b> i) Requisite recognised specialization qualification in the subject. ii) Three years teaching experience in Urology in a recognised Medical College as Resident/ Registrar/ Demonstrator/Tutor.	Rs.1,23,500/- p.m. (May be revised after completion of one year)	UR	45 yrs (Upper age relaxable for PwD & Govt. servant as per rules)

2. The interested candidates having the above qualification, experience and within the upper age limit, may attend the walk-in-interview on submission of an application enclosing their bio-data, along with photocopies of relevant testimonials to the office of the undersigned, on or before 4.30 p.m. of Wednesday, the 23<sup>rd</sup> April, 2025. The candidates have to produce their original certificates/testimonials before the Selection Board at the time of Interview.

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

Sd/-

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

Copy to:-

1. P.S. to Director, RIMS, Imphal – for his kind information
2. The Medical Superintendent, RIMS Hospital, Imphal
3. The Dean (Academic), RIMS, Imphal
4. The HOD of Urology, RIMS, Imphal
5. The CAO/FA, RIMS, Imphal
6. The Accounts Officer, RIMS, Imphal
7. The S.O. Admn./Accounts/Bill Asstt., RIMS, Imphal
8. System Administrator, RIMS, Imphal – for uploading on RIMS website
9. Media Advisor, RIMS, Imphal – for publication in 2 local dailies for 1 day.
9. Concerned file

Signed by

Mecolt Rajkumar Singh

Date: 17-04-2025 17:46:18

(R.K. Mecolt Singh)

Deputy Director (Admn.)

**PRESCRIBED FORMAT FOR THE POST OF \_\_\_\_\_, 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./ M.Ch./D.M. 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 1 <sup>st</sup> 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.

19.

### **DECLARATION**

I, Shri/Shrimati/Kumari \_\_\_\_\_

Declare as under:

- i). That I am unmarried/a widower/ a widow.
- ii) That I am married and have only one spouse living.
- iii) That I have entered into or contracted a marriage with a person having a spouse living.  
Application for grant of exemption is enclosed.
- iv) That I have entered into and contracted a marriage with another person during the lifetime of my spouse. Application for grant of exemption is enclosed.

**AND**

- v) That I hereby declared that the entries made in format 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: .....

Date:.....

Signature:

Full name of the applicant:

List of documents enclosed:

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

## NO. OBJECTION CERTIFICATE

Certified that \_\_\_\_\_ is working as  
\_\_\_\_\_ on regular / contract basis in the (PB+GP) \_\_\_\_\_  
in the pay of P.B. Rs. \_\_\_\_\_ + G.P. Rs. \_\_\_\_\_.

The Institute / College has no objection to his / her applying for the post of  
\_\_\_\_\_, 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: \_\_\_\_\_

Signatute

Head of the Institute /College

Name:

Designation:

Institute /College :

Seal