क्षेत्रीय आयुर्विज्ञान संस्थान, इंफाल: 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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0385-2414750
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website : www.rims.edu.in

ADVERTISEMENT

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No.GEN/CFAC/1/2026-EST Sec: A "walk-in-interview" will be held for selection of a suitable candidate for the post of Assistant Professor, on contract basis, for the Department of Oral & Maxillofacial Surgery, Dental College, RIMS, Imphal, which will be held on **Friday, the 14th August, 2026 at 11:00 a.m. in the Conference Room of the Director, RIMS, Imphal.** The appointment shall be purely on contract basis, for a period of 6 months, which is extendable, based on requirement and performance of the incumbent.

The details of the post are given under:-

Name of the post	No. of post	Reservation	Qualification and experience
Assistant Professor of Oral and Maxillofacial Surgery	1	UR	Recognised MDS Degree of an Indian University / Diplomate of National Board or an equivalent qualification

2. Consolidated pay for Assistant Professor, on contract basis, is as follows :-

1st Year contract appointment	Rs.1,23,500/-
2nd Year contract appointment	Rs.1,30,000/-

3. The upper age limit of candidates for this posts is 45 years, relaxable as per the Government of India norms.

4. 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 S.O. (Gen.), A-Block, RIMS, Imphal, **on or before 4.30 p.m. of Wednesday, the 12th August, 2026**. The candidates will be required to produce their original certificates, testimonials before the Selection Committee at the time of Interview.

5. Incomplete application or applications received after the stipulated date/time, shall be summarily rejected without any intimation to the candidates.

6. This issues with the approval of the Director, RIMS, Imphal.

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 (Academics), RIMS, Imphal
4. Principal, Dental College, RIMS, Imphal
5. The C.A.O /F.A., RIMS, Imphal
6. The System Administrator, IT Cell, RIMS, Imphal – for uploading the above advertisement in the RIMS website for wide information

7. The Media Advisor, RIMS, Imphal – for publishing in 2 (two) Local Dailies for one day and to submit the details to the undersigned.
8. Notice Boards.
9. Concerned file.

Digitally signed by
MECOLT RAJKUMAR SINGH
Date: 30-07-2026
11:09:56

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

PRESCRIBED FORMAT FOR THE POST OF
_____, RIMS, IMPHAL

Affix recent Passport size photograph

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)

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 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.

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