



## 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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### NOTIFICATION

Imphal, the ... October, 2025

**No. HGEN/JR/1/2025-Gen (Hosp):** Applications are invited for appointment to the post of Junior Resident (non-academic) at Pay level -10 of 7<sup>th</sup> CPC for a period of 6 (six) months w.e.f. 1<sup>st</sup> December, 2025 in the departments given below: –

Sl. No.	Department/Unit	No. of Post	Qualification
1.	Cardiology	1	a. MBBS degree with completion of internship. b. Candidate must be registered with the Manipur Medical Council/MCI. c. Candidates should not have crossed 1 year after internship completion as on date of notification.
2.	Cardiothoracic Surgery	3	
3.	Casualty & Trauma	10	
4.	Neurology	1	
5.	Neurosurgery	1	
6.	Nephrology	3	
7.	Orhtopaedics	2	
8.	Paediatrics	3	
9.	Plastic Surgery	4	
10.	PMR	2	
11.	Psychiatry	3	
12.	Respiratory Medicine	2	
13.	Urology	4	

- Interested candidates must submit their application in the prescribed format, available at the official website [www.rims.edu.in](http://www.rims.edu.in) to the Medical Superintendent office on or before 15/11/2025.
- A list of shortlisted candidates will be published at RIMS website [www.rims.edu.in](http://www.rims.edu.in) on 18/11/2025. Shortlisted applicants should appear before the Selection Board for an interview at 11:00 AM on 21<sup>st</sup> November 2025, in the Conference Room (South) of Jubilee Hall, RIMS, Imphal.
- The Candidate must produce their original certificate/testimonials before the selection Board at the time of Interview.
- This issues with the approval of the Director, RIMS, Imphal.

(Prof. N. Sanjib Singh)  
Medical Superintendent

Copy to:-

- The P.S. to Director, RIMS Imphal, for kind information of the Director.
- All Clinical HODs, RIMS, Imphal.
- The Deputy Director (Admn.), RIMS, Imphal.
- The Chief Accounts Officer/FA, RIMS, Imphal
- The System Administrator, RIMS - for uploading to the RIMS website.
- The Media Advisor, RIMS, Imphal - to publish in 2 local dailies in Manipuri & English as advertisement for one day.
- All Notice Board.
- Office file.

**I. While applying, the following points may be noted.**

- a) First preference will be given to the fresh RIMS pass-out candidates & second preference will be given to RIMS pass-outs who have completed 6 months of Junior Resident.
- b) A list will be prepared for the interview of outside MBBS students depending on the marks they obtained in their various MBBS examinations, one failure in the subject will be a deduction of 0.5 marks.
- c) No Candidates who have completed 1 year after National Board Examination (NBE) for Foreign Medical Graduates, if internship is done earlier will be considered.
- d) The authority reserves the right to appoint an applicant as Junior Resident in any Department as per the need of the Hospital.

**II. The application should be accompanied by attested copies of –**

- a) Attempt Certificate
- b) Internship Certificate
- c) Mark sheet (First to Final MBBS)
- d) Provisional Pass Certificate and Manipur Medical Council Registration or any proof of applying for.
- e) Registration to MMC

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**APPLICATION FORM FOR JUNIOR RESIDENT (NON-ACADEMIC), RIMS, IMPHAL**

1	Name of Candidate: (Block letter)					
2	Address:					
3	Date of Birth:		Gender:		Category:	
	Mobile No.					
4	Father/Gurdian Name:					
5	<b>Educational Qualification (attested copies of marksheets, certificates etc. to be enclosed):</b>					
	<b>Name of Institute/College:</b>					
		<b>COURSE</b>	<b>Mark obtained</b>	<b>Total mark</b>	<b>No. of Attempts</b>	
		1 <sup>st</sup> MBBS:			1 <sup>st</sup> MBBS:	
		2 <sup>nd</sup> MBBS:			2 <sup>nd</sup> MBBS:	
		3 <sup>rd</sup> MBBS Part-I			3 <sup>rd</sup> MBBS Part-I	
	3 <sup>rd</sup> MBBS Part - II			3 <sup>rd</sup> MBBS Part - II		
6	Foreign Medical Graduate	National Board of Examination of Medical Sciences <b>Screening Test Pass Certificate</b>				
		Mark obtained		Pass out year		
7	Period of Internship:	/ / / to / / / (dd/mm/yy)				
	College/Hospital:					
8	Permanent Registration No:					
9	<b>Junior Residency done (if any)</b>					
		<b>College</b>	<b>Department</b>	<b>Period</b>		
	i)					
	ii)					

10. I declare that the above furnished by me are correct to my knowledge and belief.

Signature of applicant