



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)

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ADVERTISEMENT

No. GEN/SR/TENU/55/2025-EST Sec: A "Walk-in-Interview" for selection of suitable persons for the posts of Senior Residents (Tenure) in various Departments of RIMS, Imphal, will be held on **Monday, the 24th August, 2026 at 11:00 a.m.** in the Conference Room of Director, RIMS, Imphal:-

Sl. No.	Name of Post	Scale of Pay	No. of Post	Reservation	Qualification and experience
Senior Resident (Tenure)					
1.	Sr. Resident (Pharmacology)	Pay Level-10	1	SC	a. Postgraduate degree (MD/MS/DNB) in the respective subject from the Institute recognised by MCI/NMC b. Candidates must be registered with the Manipur Medical Council/Medical Council of India/NMC
2.	Sr. Resident (Radiation Oncology)	- do -	1	OBC	
3.	Sr. Resident (Neuro Surgery)	- do -	1	UR	
4.	Sr. Resident (Cardiology)	- do -	1	UR	
5.	Sr. Resident (Orthopaedics)	- do -	1	ST	
6.	Sr. Resident (Neurology)	- do -	1	UR	
7.	Sr. Resident (Anatomy)	- do -	3	ST-1, SC-1, OBC-1	
8.	Sr. Resident (Anaesthesiology)	- do -	1	SC	
9.	Sr. Resident (Obstetrics & Gynaecology)	- do -	2	OBC-1, ST-1	
10.	Sr. Resident (Radiodiagnosis)	- do -	1	UR	

2. i). The appointment is purely on Tenure basis for a limited period of 3 (three) years.

ii). Upper age limit: 45 years, (relaxable as per the Government of India norms).

3. Interested candidates having the above qualifications, experience and within the upper age limit, may attend the walk-in-interview after submission of application, enclosing bio-data, along with photocopies of relevant testimonials, to the **Section Officer (General Section)**, on or before **4.30 p.m. of Thursday, the 20th August, 2026**. Candidates associated with the Health Services, Government of Manipur, have to enclose "No Objection Certificate (NOC)" from the concerned Department, failing which their candidature may be cancelled without further Notice. The candidates are required to produce their original certificates and testimonials before the Selection Board.

4. 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. The HOD of Pharmacology, Radiation Oncology, Neuro Surgery, Cardiology, Orthopaedics, Neurology, Anatomy, Anaesthesiology, Obstetrics & Gynaecology, Radiodiagnosis, RIMS, Imphal
5. The CAO/FA, RIMS, Imphal
6. The Accounts Officer, RIMS, Imphal
7. The S.O. (Admn./Bill)/Bill Asstt., RIMS, Imphal
8. The System Administrator, IT Cell, RIMS, Imphal – for uploading in RIMS website
9. The Media Advisor, RIMS, Imphal – for publication of the above notice in 2 local dailies.
10. Order book.

Digitally signed by
R K MECOLT SINGH
Date: 03-08-2026
18:42:31

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

**PRESCRIBED FORMAT FOR THE POST OF
SENIOR RESIDENT 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 in Block letters : _____
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. with speciality					

DNB					
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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.