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REGIONAL INSTITUTE OF MEDICAL SCIENCES
(An autonomous Institute under Ministry of Health & Family Welfare, Government of India)
LAMPHELPAT, IMPHAL - 795004 : MANIPUR

NOTICE

Imphal, the 1st February, 2024

No. B/561/2022-SR/RIMS(Pt-II): A “Walk-in-interview” for selection of suitable persons for the posts of Senior Residents in the following departments of RIMS, Imphal will be held on **12th February, 2024** at **11 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
1	Sr. Resident (Pharmacology)	PB-3 Level-10	1	UR	j. Postgraduate degree (MD/MS/DNB) in the respective subject from the institute recognized by MCI ii. Candidate must be registered with the Manipur Medical Council/Medical Council of India
2	Sr. Resident (Nephrology)	- do -	1	UR	
3	Sr. Resident (Urology)	- do -	1	UR	
4	Sr. Resident (Community Medicine)	- do -	1	OBC	
5	Sr. Resident Forensic Medicine & Toxicology	- do -	1	UR	

- i). The appointment is purely on Tenure basis for a limited period of 3 (three) years.
ii). The upper age of the post is 45 years, relaxable as per Government of India norms. In case the vacancies are not filled up by the reserved category, the vacancies will be given to the un-reserved category.
- Interested candidates having the following 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 **9th February, 2024**. Candidates associated with the Health & FW Govt., of Manipur have to enclose “No Objection Certificate (NOC)” from the concerned department, failing which their candidature may be cancelled without further intimation to the concerned candidate. The candidates have to produce their original certificates testimonials before the Selection Board.
- This issues with the approval of the Director, RIMS, Imphal.

(Sairem Sarat Singh)
Deputy Director (Admn.) i/c,
RIMS, Imphal

Copy to:

- P.S. to Director, RIMS, Imphal – for kind information of Director, RIMS, Imphal
- The Medical Superintendent, RIMS Hospital, Imphal
- The Dean (Academic), RIMS, Imphal
- The HOD of Pharmacology/Nephrology/Urology/Community Medicine/Forensic Medicine & Toxicology, RIMS, Imphal
- The CAO/FA, RIMS, Imphal
- The Accounts Officer, RIMS, Imphal
- The S.O. Accounts/Bill Asstt., RIMS, Imphal
- The System Administrator, RIMS, Imphal – for uploading in website
- The Media Advisor, RIMS, Imphal – for publication of the above notice in 2 local dailies.
- Order book

**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					

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.