

APPLICATION FORM
REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL
APPLICATION FOR THE POST OF ADMINISTRATIVE OFFICER, RIMS, IMPHAL

1. Full Name in Block Letters : _____
2. Father's/Husband's Name : _____
3. Date of birth : _____
4. Category (SC/ST/OBC/Gen) : _____
5. Gender : _____
6. Permanent Address in full : _____
7. Present Address in full : _____
8. Telephone/Mobile No. : _____
9. E-mail ID : _____
10. Nationality (State whether by birth or by domicile): _____

11. Details of Examination passed from Matriculation/School leaving certificate on wards:

| Sl. No. | Name of School/ College with Address | Name of Board/Council/ University | Examination passed & year of passing | Division/ Class obtained | % of marks obtained |
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12. (a) Experience:

| Sl. No. | Name of Office/Institute/Org. | Post (s) held | Period of service | | Nature of job | Reason of leaving |
|---------|-------------------------------|---------------|-------------------|----|---------------|-------------------|
| | | | From | To | | |
| | | | | | | |
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(b) Whether No Objection certificate from the Employer is attached, if not, reason thereof:

Declaration

I hereby declare that the entries made in this form as above 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: _____

Signature of applicant in full

Date: _____