



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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No. 14/1/24-GEN/RIMS:

Imphal, the 18-05-2024

**CIRCULAR**

**Subject : Norms for allotment of Residential Quarters in RIMS, Imphal.**

In order to streamline and facilitate the process of Residential Quarter Allotment to the eligible regular employees of RIMS, Imphal, they are henceforth required to submit their application for Residential Quarter in the new proforma enclosed herewith (Annexure A).

2. Further, the following time lines will be followed for scrutiny of application forms and allotment of Residential Quarters by the Quarter Allotment Committee:

- i) 3<sup>rd</sup> of every month - Publication of vacant Quarters list, certified by Engg. Deptt. as fit for habitation.
- ii) 9<sup>th</sup> of every month - Submission of applications by eligible regular employees.
- iii) 15<sup>th</sup> of every month - Scrutiny/ allotment of Residential Quarter by the Quarter Allotment Committee.

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

*Mecolt Singh*  
18/05/24

(R.K. Mecolt Singh)  
Deputy Director (Admn.)  
Regional Institute of Medical sciences,  
Imphal.

Copy to:

1. The P.S. to Director, RIMS, Imphal.
2. The Medical Superintendent, RIMS Hospital, Imphal.
3. The Principal, Dental College, RIMS, Imphal.
4. The Principal, College of Nursing, RIMS, Imphal.
5. The P.S. to Deputy Director (Admn.), RIMS, Imphal.
6. The CAO/FA, RIMS, Imphal.
7. The Chief Nursing Officer, i/c, RIMS Hospital, Imphal.
8. All the Heads of Departments/Units/ Sections, RIMS, Imphal.
9. The Engineering Cell (Civil/Electrical), RIMS, Imphal. {with reference to Clause I of Para 2}
10. All Section officer, RIMS and RIMS Hospital, Imphal.
11. The System Administrator, RIMS, Imphal, for kind uploading in RIMS website.
12. The Steward, RIMS Hospital, Imphal.
13. Concerned file.

**FORM OF APPLICATION FOR ALLOTMENT/ REALLOCATION OF RESIDENTIAL QUARTER**

1.	Name of applicant (in capital letters)		
2.	Designation		
3.	Date of Birth		
4.	Date of Joining & Entry Level		
5.	Date of Superannuation		
6.	Pay Level (As on date of application)		
7.	Phone No. / Email Address		
8.	Place of posting/ Landline No.		
9.	Whether Temporary/Regular?		
10.	Present Residential address		
11.	Whether newly applied/relocation? If relocation then attached a copy of occupancy letter.		
12.	<b>Type</b>	<b>Eligible pay Range</b>	<b>Date from which continuously drawing pay in the Level Indicated below, wherever applicable.</b>
	II	Employees within Pay Levels 1 to 5.	Level-1
			Level-2
			Level-3
			Level-4
			Level-5
	III	Employees within Pay Levels 6 to 8.	Level-6
			Level-7
			Level-8
	IV	Employees within Pay Levels 9 to 11	Level-9
			Level-10
			Level-11
	V	Employees within Pay Levels 12-13 & 13A	Level-12
			Level-13 & 13 A
VI	Employees within Pay Level 14 to 16	Level-14	
		Level-15	
		Level-16	

**13. Preference in case of Reallocation of Quarters :-**

Present Quarter Allocated/Type	Order of Preference (up to 3)	
	1.	
	2.	
	3.	

**14. Preference for fresh allocation of Quarters :-**

Quarter Type	Order of Preference (up to 3)	
	1.	
	2.	
	3.	

**Note :**

1. The application form should submit to the Director, RIMS, Imphal.
2. Incomplete form will be rejected.
3. Attached Xerox copy for all relevant documents (Date of Birth, Appointment Order, Joining Report, occupancy letter & ID card).

**Signature of Applicant**