PRESCRIBED FORMAT FOR THE POST OF _____, RIMS, IMPHAL

1.	Full Name in Block Letters	:	4.00
2.	Father's /Husband Name	:	Affix recent Passport size
3.	Date of birth	:	photograph
4	Age (as on the last date of sub	mission of application :	
5.	Gender & Marital Status	;	
6.	Permanent address in full	:	
7.	Present address with postal co	ode in full :	
8.	Telephone/Mobile No.	:	
9.	E-mail ID	:	***************************************
10.	Nationality (State whether by b	birth or by domicile) :	-
11.	Do you belong to Schedule Car (if yes please indicate and encl	ste/Schedule Tribe/ OBC category ?: ose a copy of the certificate)	

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./ M.Ch./D.M. with speciality					The library is a second second

13. Teaching experience:

(a) Before Post Graduation:

S1.	Post (s) held	Name of College/Institution	Period of	f service	Nature of Appointment	Reason of
No.	No.		From	То	(Regular/Contract)	leaving
			e c			
	i					

(b) After Post Graduation:

Sl.	Post (s) held	Post (s) held Name of College /Institution	Period of service		Nature of Appointment	Reason of
No.			From	То	(Regular/Contract)	leaving
		:				

14. Research works & Publications:

Sl.	Year of publication	Name of Journal indicating Vol. No., Page no.etc.	Title	Indicate whether 1 st Author or Co-author

15. Seminar/Workshop/Conference attended:

Sl. No.	Year	Name of event indicating participation level (Paper presentation etc.)	Details of presentation

16. Whether you have published any book or the book, year of publication etc.	contributed a chapter in a book? If so	mention the name of
Name of the book published	Chapter contributed	Year of publication
17. Prizes and Awards received:		
1.		
2.		
3.		
18. Extra Curricular activities		
1.		
2. 3.		
Note: In case the space provided in the format is not su	ifficient a separate statement/sheet may be a	tached as Annexure.
19.		
<u>DE</u>	CLARATION	
I, Shri/Shrimati/Kumari		
Declare as under:		
	a widow	
ii) That I am married and have only	one spouse living.	a - anazyga livrina
Application for grant of exempti	acted a marriage with a person havin on is enclosed.	
iv) That I have entered into and co	ntracted a marriage with another per	son during the lifetin
of my spouse. Application for g		
knowledge and belief. In the	entries made in format are true and contries made in formation being for to be terminated without any notice.	orrect to the best of mund false/incorrect m
	,	1 atrawa
Station:		Signature: e of the applicant:
Date:	i un name	or meet the branching
List of documents enclosed:		
1.		
2. 3.		
4.		

NO. OBJECTION CERTIFICATE

Certified that		is working as
on regu	lar / contract basis in the (PB+GP)	
in the pay of P.B. Rs.	+ G.P. Rs	.
	has no objection to his / her applying , RIMS, Imphal.	for the post of
Further, certified that in cas of this Institute /College.	e if he / she is appointed, he /she will be released	d from the service
Date:	Signatu	ute
	Head of the Inst	itute /College
	Name:	
	Designation:	
	Institute /College:	
	Seal	