5PRESCRIBED FORMAT FOR THE POST OF SENIOR RESIDENT OF ______, RIMS, IMPHAL Full Name in Block Letters Affix recent Father's /Husband Name Passport size photograph Date of birth Age (as on the last date of submission of application) : Gender & Marital Status Permanent address in full Present address with postal code in full : Telephone/Mobile No. : E-mail ID in Block letters Nationality (State whether by birth or by domicile) :

12. Details of Examination passed:

1.

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3.

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11.

| 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 | | | | | |

Do you belong to Schedule Caste/Schedule Tribe/ OBC category ?:

(if yes please indicate and enclose a copy of the certificate)

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: | Signature: |
|-----------------------------|----------------------------|
| Date: | Full name of the applicant |
| List of documents enclosed: | |

- 1.
- 2.
- 3.
- 4.