



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.291/GPFund/2006-RIMS

Imphal, the 2nd May, 2024

NOTICE

It is hereby notified to all the employees of this institute covered under General Provident Fund (GPF) that, in order to facilitate smoother access to your GPF statements, the competent authority has decided to implement the facility of online GPF statements. For this, certain information as per format listed in *annexure* is required at this end.

2. Therefore, all GPF accounts holders are requested to submit the information as per listed in *annexure* to the Pension & GPF Section on or before 20th of May, 2024 without fail.

3. This issues with the approval of the Chairman.

(Sairem Sarat Singh)

Secretary,

Board of Trustees RIMS Employees' Pension
& GP Fund, Imphal.

Copy To:

1. The P.S. to Director, RIMS, Imphal for kind information of Director.
2. The Medical Superintendent, RIMS, Hospital, Imphal
3. Principal, Dental College, RIMS.
4. Principal, College of Nursing, RIMS.
5. All HODs/Units/Sections, RIMS, Imphal
6. The Deputy Director (Admn) RIMS, Imphal.
7. The CAO/FA, RIMS, Imphal.
8. All Hostel Wardens, RIMS, Imphal
9. The Nursing Superintendent, RIMS, Imphal
10. The Accounts Officer, RIMS, Imphal
11. All S.Os, RIMS, Imphal
- ✓ 12. The System Administrator-for uploading in RIMS Website
13. Office File.

} For kind information to
all the subordinate staff.

**FORM FOR OTP AUTHENTICATION OF REGULAR EMPLOYEES
COVERED UNDER GPF (GENERAL PROVIDENT FUND)**

1. Name Of The Employee : _____
2. Designation : _____
3. Date of Joining: _____
4. Employee Id No.: _____
5. Mobile Number : _____
6. E-Mail : _____
7. Present Posting : _____
8. GPF A/c No. : _____

Place and date:

Signature of the Employee