

APPLICATION FORM
REGIONAL INSTITUTE OF MEDICAL SCINECES, IMPHAL

Affix recent
Passport size
photograph

APPLICATION FOR THE POST OF _____ RIMS, IMPHAL

1. Full name in Block letters : _____

2. Father's / Husband Name : _____

3. Date of birth : _____
4. Age (as on the last date of submission of application) : _____
5. Category (UR/SC/ST/OBC/PWD : _____
6. Gender & Marital Status : _____
7. Permanent address in full : _____
8. Present address with : _____
Postal code in full _____
9. Telephone / Mobile No. : _____
10. E-mail ID in Block letters : _____
11. Nationality (State whether by birth or by domicile) : _____
12. Details of Examination passed from Matriculation /School Leaving certificate :

Sl.No.	Name of School / College with address	Name of Board / Council/University	Examination passed & year of passing	Division / Class obtained	% of marks obtained

Contd./-

