



# GYMKHANA

## REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL/MANIPUR

### ENROLMENT FORM

PHOTO

SL No. ....

Name (In block letters) .....

Father's Name .....

Address .....

Date of Birth .....

ID No. ....

Designation .....

Marital Status .....

Phone/Mobile No. ....

RIMSONIANS: .....

Declaration:

I hereby declared that, the particular given above are correct to the best of my knowledge. I further declare that, I shall abide by the rules and regulations of the Gymkhana, RIMS.

Date: .....

Signature .....

DETAILS	ADMISSION FEE	YEAR RENEWAL FEE
1) UG Students (RIMS)	Nil	Nil
2) PG	Nil	Nil
3) Faculties&SRs	Rs. 3000/-	Rs. 2000/-
4) Non-Teaching Staffs	Rs.2000/-	Rs.1000/-
4) RIMSONIAN	Rs. 3000/-	Rs. 2000/-
5) Dependent	Rs. 3000/-	Rs. 2000/-

**This form is to be submitted along with 2 (two) Stamp Size Photographs.**

RIMSONIAN: Copy of Degree Certificate to be attached along with the enrollment form.

Dependent: The Service ID of the Staff, along with the Aadhaar cards of both the staff and the dependent, must be submitted along with the Registration form.

**OFFICE USE ONLY**

The application submitted by ..... has been properly checked and accepted for admission/renewal.

Form No. .... has been properly checked and accepted for admission/renewal.

Director  
RIMS

Dean (Academic)  
RIMS

Physical Instructor  
RIMS