

**PRESCRIBED FORMAT FOR THE POST OF
ASSISTANT PROFESSOR 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. Gender & Marital Status : _____
6. Permanent address in full : _____
7. Present address with Postal code in full : _____
8. Telephone/Mobile No. : _____
9. E-mail ID in Block letters : _____
10. Nationality (state whether by birth or by domicile) : _____



11. Do you belong to Schedule Caste/Schedule Tribe/OBC category? :
(if yes please indicate and enclose a copy of the certificate)

12. Details of Examination passed:

Examination	Name of School/College with address	Name of Board/Council /University	Month & Years of passing	Division/ Class obtained	% of Marks obtained
10+2/P.U.C.					
MBBS					
M.D./M.S. with speciality					
DNB					

DECLARATION

I. Shri/Shirmati/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.
- 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 :

Date:

Signature:

Full name of the applicant:

List of documents enclosed:

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