



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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ORDER

Imphal, the 6th May, 2024

No. B/2706/2022-RIMS: A walk-in- interview for selection of suitable person for the post of 1 (one) Assistant Professor of ENT (Otorhinolaryngology), RIMS, Imphal, will be held on 22nd May, 2024 at 2.30 p.m. in the Conference Room of Director, RIMS, Imphal. The appointment is purely on contractual basis for a period of 6 months, which may be extended as per requirement. Interested candidates having the following qualification, experience and within the upper age limit, may attend the walk-in- interview on submission of an application enclosing their bio-data, along with photocopies of relevant testimonials to the office of the undersigned, on or before 4.00 p.m. of 18th May, 2024. The candidates are required to produce their original certificates, testimonials before the Selection Board.

The detail of the post is given under:

Name of the post	Scale of Pay	No. of post	Reservation	Qualification and experience
Assistant Professor of ENT (Otorhinolaryngology)	Pay Level-11, Cell-4 (Basic Rs.74,000/-) + DA	1	UR	Academic Qualification: M.S. (Otorhinolaryngology). Teaching/Research experience : i) Requisite recognised postgraduate qualification in the subject. ii) Three years teaching experience in the subject from a recognised Medical College as Resident/Registrar/ Demonstrator/Tutor.

2. The upper age limit is 45 years as on the date of this notification

(Handwritten Signature)
06/05/24

(R.K. Meedlt Singh)

Deputy Director (Admn.),
Regional Institute of Medical Sciences,
Imphal

Copy to:

1. P.S. to Director, RIMS, Imphal – for kind information of Director
2. The Medical Superintendent, RIMS Hospital, Imphal
3. The Director, DDK/AIR, Imphal
4. The Dean (Academic), RIMS, Imphal
5. The Head of Department ENT (Otorhinolaryngology), RIMS, Imphal
6. The C.A.O /F.A., RIMS, Imphal
7. The System Administrator, RIMS, Imphal – for uploading the above advertisement in the RIMS website for wide information
8. The Media Advisor, RIMS, Imphal – for publishing in 1 (one) National, 1 (one) Regional and 2 (two) Local Dailies for one day and to submit the details to the undersigned
9. Notice Boards.

PRESCRIBED FORMAT 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. Gender & Marital Status : _____
6. Permanent address in full : _____
7. Present address with postal code in full : _____
8. Telephone/Mobile No. : _____
9. E-mail ID : _____
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)

Affix recent
Passport size
photograph

12. Details of Examination passed :

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./ M.Ch./D.M. with speciality					

13. Teaching experience:

(a) Before Post Graduation:

Sl. No.	Post (s) held	Name of College/Institution	Period of service		Nature of Appointment (Regular/Contract)	Reason of leaving
			From	To		

(b) After Post Graduation:

Sl. No.	Post (s) held	Name of College /Institution	Period of service		Nature of Appointment (Regular/Contract)	Reason of leaving
			From	To		

14. Research works & Publications:

Sl. No.	Year of publication	Name of Journal indicating Vol. No., Page no.etc.	Title	Indicate whether 1 st Author or Co-author

15. Seminar/Workshop/Conference attended:

Sl. No.	Year	Name of event indicating participation level (Paper presentation etc.)	Details of presentation

16. Whether you have published any book or contributed a chapter in a book? If so mention the name of the book, year of publication etc.

Name of the book published	Chapter contributed	Year of publication

17. Prizes and Awards received:

- 1.
- 2.
- 3.

18. Extra Curricular activities

- 1.
- 2.
- 3.

Note: In case the space provided in the format is not sufficient a separate statement/sheet may be attached as Annexure.

19.

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:

Date:.....

Signature:

Full name of the applicant:

List of documents enclosed:

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

NO. OBJECTION CERTIFICATE

Certified that _____ is working as

_____ on regular / contract basis in the (PB+GP) _____

in the pay of P.B. Rs. _____ + G.P. Rs. _____.

The Institute / College has no objection to his / her applying for the post of _____, RIMS, Imphal.

Further, certified that in case if he / she is appointed, he /she will be released from the service of this Institute /College.

Date: _____

Signature

Head of the Institute /College

Name:

Designation:

Institute /College :

Seal