



GYMKHANA

Regional Institute of Medical Sciences,
Imphal, Manipur,

Registration Form *for Dependant.*

Sl. No.....

Staff Name (In block letter) :		
Age:	Sex:	D.O.B.
Address		
Contact	e-mail:	
Designation/Department:		

Details of Family Members/ Dependents Interested for Registration:

Sl. No.	Name/ contact no.	Age	Sex	D.O.B.	Relationship	Identification mark