



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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O R D E R

No.STC/63/2026-STC: In order to streamline the Human Resource Management of the Institute, an exercise has been initiated to ascertain the current deployment status of personnel in all Administrative Offices/Departments/ Sections/Units of RIMS, Imphal.

2. Accordingly, all Principals/Heads of Departments/ Sections/ Units etc., as well as Officer-in-charge of Medical Superintendent and Dean (Academics), All Wardens of RIMS, Imphal, are requested to furnish details of all employees (including **Regular, Contractual, Daily Wager and Outsourced Employees**), working under their supervision, in the prescribed proforma, duly verified.

3. The requisite information may be submitted to the Statistical Cell, Administrative Block, RIMS, Imphal, within 7 (seven) days of issue of this Order, positively, for compilation and updating of the Institute's employee database. The information may also be emailed to stc.rims.imphal@gmail.com.

4. This issues with the approval of the Director, RIMS, Imphal and may be treated as **MOST URGENT**.

Digitally signed by
 R K MECOLT SINGH
 Date: 08-10-2026
 18:15:39

(R.K. Mecolt Singh)
 Deputy Director (Admn.)

Copy to:-

1. The P.S. to Director, RIMS, Imphal – for kind information.
2. The Medical Superintendent, RIMS Hospital, Imphal.
3. The Dean (Academics), RIMS, Imphal.
4. The Principal, Dental College, RIMS, Imphal.
5. The Principal, College of Nursing, RIMS, Imphal.
6. All Heads of Departments/Sections/Units/all Hostel Wardens of RIMS, Imphal – *for necessary action*.
7. The C.A.O./F.A., RIMS, Imphal.
8. The Administrative Officer, A-Block, RIMS, Imphal.
8. System Administrator, RIMS, Imphal–*to upload on the Institute's website and also send by email to all concerned*.
9. Order Book.

PROFORMA

Name of the Administrative Office/College/Department/Section/Unit/Hostels etc:

Sl. No.	Name of Employee	Designation	Regular/ Contractual/ Daily Wager/ Outsourced	Posted From (Date)	Remark

Manpower Requirements, if any:

Signature of Principal/Head
of Department/ Section/
Unit/Warden/Officer-in-charge