



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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ADVERTISEMENT

No. GEN/CFAC/6/2025-EST Sec :

A "Walk in Interview" for the selection of suitable persons for the Assistant Professor (Cardiology) – 1 no. will be held on Monday, the 7th April, 2025 at 11 a.m. in the Conference Room of Director, RIMS, Imphal. The appointment is purely on contract basis for a period of 6 months which may be extended till creation of regular post, six months each extension.

Name, number of post	Edn. Qualification & Experience	Pay	Category	Upper Age limit
Assistant Professor of Cardiology-01	Academic Qualification: D.M. (Cardiology) Teaching/Research experience: i. Requisite recognised specialization qualification in the subject. ii. Three years teaching experience in the Cardiology in a recognized Medical College as Resident/Registrar/Demonstrator/Tutor.	Rs.1,23,500/- p. m. (may be revised after completion of one year)	UR	45 yrs (upper age relaxable for PWD & Govt. servant as per rules)

1. The interested candidates having the above qualification, experience and within the upper age limit may attend the walk- in- interview on submission of an application with their bio-data, qualifications, experience etc. along with photocopies of relevant testimonials to the office of the undersigned on or before 4.30 p.m. of Saturday, the 5th April, 2025. The candidates have to produce their original certificates/testimonials before the Selection Board.

2. Incomplete application and applications received after the stipulated date shall be summarily rejected without any intimation to the candidates.

Sd/-

(Sairem Sarat Singh)

Deputy Director (Admn.) i/c

Copy to:

1. P.S. to Director, RIMS, Imphal – for his kind information
2. The Medical Superintendent, RIMS Hospital, Imphal
3. The Dean (Academic), RIMS, Imphal
4. The HOD of Cardiology, RIMS, Imphal
5. The CAO/FA, RIMS, Imphal
6. The Accounts Officer, RIMS, Imphal
7. The S.O. Admn./Accounts/Bill Asstt., RIMS, Imphal
8. The System Administrator, IT Cell, RIMS, Imphal – for uploading in RIMS website
9. The Media Advisor, RIMS, Imphal – for publication in 2 (two) local dailies for 1 day.
10. Order book

Signed by

Sairem Sarat Singh

Date: 02-04-2025 17:05:57

Deputy Director (Admn.) i/c

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					

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:

Signature:

Date:.....

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