



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)

Phone : 0385-2414720
0385-2414750
e-mail : rims@rims.edu.in
website : www.rims.edu.in

ADVERTISEMENT

Imphal, the 04th January, 2025

No. B/3314/2025-RIMS: Applications are invited from the intending and eligible candidates, for appointment to the post of Tutor, Dental College, RIMS, Imphal, on contract basis, for a period of six months, which may be extended as per requirement. The candidates should submit their application along with attested copies of certificates of date of birth, educational qualification and experience to the Director, Regional Institute of Medical Science, Lamphelpat, Imphal – 795004, **on or before Saturday, the 18th January, 2025**. Candidates in Government service should submit their applications through proper channel.

Name & No. of post	Pay	Classification of Post
Tutor, Dental College – 1 (one) No. (OBC)	A consolidated pay equivalent to the entry-level of Level 10 + DA	Group "A"

2. **Essential Qualification :**

- A qualification included in Part I or Part II of schedule to the Dentist Act 1948 (16 of 1948) / BDS Degree from a recognized University/Institute or equivalent.
- Registered with a Dental Council.
- At least 1 (one) year experience, preferably in a recognized hospital.

3. **Age:** The upper age limit is 35 years. The upper limit is relaxable by 5 years for Govt. servants who apply through proper channel and 3 years for OBC candidates.

4. **Mode of Selection :**

The list of eligible candidates will be notified in the RIMS website/Notice Board after scrutiny of their applications. In case if large number of applications are received a written examination will be held to shortlist candidates who are qualified for the interview.

5. The number of post may be increased or decreased as per requirement and in case of any dispute, decision of the Selection Committee will be final.

6. This advertisement is also published at the institute website: www.rims.edu.in. The prescribed format of application may be downloaded from the said website.

7. Any corrigendum, modification, notification etc. if any, relating to this advertisement shall be made only at the RIMS website mentioned above/Notice Board. Intending candidates are therefore advised to visit the RIMS website/Notice Board regularly for any update in this regard.

(Signature)
04/01/25

(R.K. Mecolt Singh)

Deputy Director (Admn.)

Copy to:

- PS to Director, RIMS, Imphal.
- Medical Superintendent, RIMS Hospital, Imphal.
- The Dean (Academic), RIMS, Imphal.
- The Principal, Dental College, RIMS, Imphal.
- P.A. to Deputy Director, RIMS, Imphal.
- System Administrator, RIMS, Imphal – For uploading the above notice on RIMS website
- All notice Boards.

PRESCRIBED FORMAT FOR THE POST OF TUTOR, DENTAL COLLEGE, 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)

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					
10+ 2 / P.U.C					
BDS					
MDS					

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 publications etc.

Name of the book published	Chapter contributed	Year of Publication

17. Prizes and Award 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 declare 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 candidates / 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.
- 5.

NO OBJECTION CERTIFICATE
(For candidate in Government service)

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 : _____

Institution / College : _____

Seal