



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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0385-2414750
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website: www.rims.edu.in

C I R C U L A R
Imphal, March 5, 2025

No.ACADEM/ADMN/PG/1/2024-RIMS : In pursuance of the MCC Notice No. U-12021/04/2024-MEC dt. 5/3/2025, fresh applications are invited for admission into MD/MS/DCP courses at RIMS, Imphal from in-service sponsored candidates having NEET PG 2024 percentile score of 5% (and above) for all categories for Special Stray Vacancy Round of State Level Post-Graduate Counselling.

Available Vacant Seats (In-Service Sponsored Category):

(i) DCP – 1, (ii) MD (Anatomy) – 3, (iii) MD (Pharmacology) – 2, & (iv) MD (Physiology) – 2

Important Instructions:

1. The application form can be downloaded from the official RIMS website: [rims.edu.in].
2. Applications should be routed through the concerned state authority. Applications not routed through the state authority will be rejected.
3. Applications must reach the Office of the Dean, RIMS, Imphal on or before **4 PM of 10/03/2025**.

Submission of Application:

1. The completed application form must be submitted physically to the Dean's Office at RIMS, Imphal.
2. Alternatively, the scanned copy of the completed application form, along with all necessary testimonials (in PDF format), can be emailed to **admissions.rims.imphal@gmail.com**.
3. Proof of payment for the counselling fee should also be attached in the email.

Bank Details for Payment:

- **Bank Name:** Bank of Baroda, RIMS Branch, Lamphelpat, Imphal
- **Account Name:** Director, RIMS, Imphal
- **Account Number:** 59150100002532
- **IFSC Code:** BARB0RIMIMP (Note: '0' is Zero)
- **Counselling Fee:** Rs. 2,000/- (Rupees Two Thousand Only)

Important Note:

- For eligibility to participate in the Special Stray Round of Counselling, candidates are advised to refer to MCC Notice No. U-12021/04/2024-MEC dt. 5/3/2025.
- **The date and venue for the Special Stray Vacancy Round of State Level Post Graduate Counselling will be notified at a later date.**
- The applications which are eligible after the reduction in the qualifying marks only will be entertained.

(Prof. Th Meera)
Dean (Academics)
Regional Institute of Medical Sciences
Imphal

Copy to :

1. PS to Director of RIMS, Imphal for kind information of Director
2. The Commissioner/Secretary (Health & F.W) to the Govt. of Arunachal Pradesh/Manipur Meghalaya/Mizoram/Nagaland /Sikkim/Tripura - for kind Information.
3. The Director of Health Services, the Govt. of Arunachal Pradesh/Manipur/Meghalaya Mizoram/Nagaland /Sikkim/Tripura - for kind information.
4. System Administrator, RIMS, Imphal for upload the above Circular in our website.
5. Notice Boards.

Ack No.

Application Form No.



REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL – 795 004
(An Autonomous Institute under the Ministry of Health & Family Welfare , Govt. of India)

**APPLICATION FORM
FOR SPECIAL STRAY VACANCY ROUND OF POSTGRADUATE
COUNSELLING FOR ADMISSION FOR THE SESSION – 2024**

The candidate should fill in the application form
with his/her own handwriting.

Affix one recent
passport size photograph
with white background
here duly signed by the
Candidate and attested
on the front side by a
Gazetted Officer with
Official Seal

Name of the candidate :
(in block letters)

Name of the attesting Officer :
(in block letters)

Designation :

Seal :

**I hereby apply for the Counselling for admission to the postgraduate course in the
Regional Institute of Medical Sciences, Imphal for the session 2024 under the In-Service
Sponsored Category.**

I am submitting herewith the following particulars in support of my application.

1.
(Name) (Middle name) (Surname)
2. Date of Birth : Nationality
4. General / ST / SC / OBC : Gender :
5. Father's Name :
Occupation :
6. Mother's Name :
Occupation :
7. Address : (In Block Letters)
 - a) Permanent Address :
(Please indicate pin code)
.....
 - b) Postal Address:
(Please indicate pin code)
.....
 - c) Contact information :
Mobile/Phone No. (including STD Code) :
E-mail Address :
8. State of domicile of the candidate:
9. (a) Name of the College from which
passed MBBS Examination :
(f) Name of the University from which
passed MBBS Examination.
(g) Year of admission to MBBS Course :
(h) Year of passing final MBBS Exam. :
(i) No. of Attempt taken to pass : 1st Professional :
2nd Professional :
3rd Professional (Part - I).....
3rd Professional (Part - II).....

10. Year and month of completion of Internship:
11. Permanent Medical Registration No. & Date with Name of the Medical Council:
.....
12. In-service :
Name of the Organization / Department:.....
Period : from : to
- (Appointment order from the concerned Government authority should be enclosed)*
13. Whether you have undergone any PG Course at RIMS, Imphal or any other Institute/
College? If yes,
- (i) Year of Admission & completion:
- (ii) Subject:

I hereby declare that the application form has been filled in with my own handwriting and the information given in the application form is correct. I, further, declare that I have read the information bulletin and shall abide by the rules and regulations of the Institute. I will be present for verification of my original documents at the time of joining. I also understand and agree that at any stage, if any of the information furnished by me is found incorrect, my admission shall be cancelled.

I agree to undergo the course on a full time basis and shall not engage myself in private practice during the period.

Place :

Signature of the Candidate

Date :

CERTIFICATE TO BE FURNISHED BY THE EMPLOYER
(only for in-service sponsored candidates)

1. Certified that Dr. (Mr./Miss/Mrs.) :
is sponsored for undergoing training leading to the award of MD/MS/Diploma at the Regional Institute of Medical Sciences, Imphal for the session – 2024. He/She will be relieved, if selected, within the prescribed time as notified by the University.

2. Dr.
is a permanent employee of w.e.f.....
and after getting the training at RIMS, Imphal, he/she will be suitably employed by the sponsoring authority to work in the speciality in which training is being provided.

4. The candidate shall not be paid any emolument by the Regional Institute of Medical Sciences, Imphal during the entire training period. Such payment will be borne by the sponsoring authority.

Signature :
(sponsoring authority)

Name :
(In block letters)

Place :

Designation:

Dated :

Organization:
(with office seal)

Please Note :

- iv) **Candidate who is appointed on temporary/contract or adhoc basis shall not be considered under the In-service Sponsored category.**
- v) **Only the above certificate duly signed by the “Sponsoring Authority” will be considered.**
- iii) **No addition or alteration in the above certificate is allowed.**
- iv) **The sponsoring authority means the appointing authority unless otherwise stated.**



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ACKNOWLEDGEMENT SLIP

Affix one recent
passport size
photograph here

This is to acknowledge the receipt of completely filled in prescribed form for joining the counselling for admission to MD/MS/Diploma Postgraduate Courses - 2024 in the Regional Institute of Medical Sciences (RIMS), Imphal for the session 2024. The receipt of this slip does not automatically qualify a candidate to join the counseling or for admission.

Acknowledgement Number (Ack No.) :

Name of the Candidate: _____
(full name in Block letters)

Signature of the Candidate: _____

Date of submission of form

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Date Month Year

Permanent address of Candidate: _____

Contact No. of Candidate: _____

Officer-in-charge,
Postgraduate Selection Committee - 2024
Regional Institute of Medical Sciences,
Imphal – 795004

INSTRUCTIONS TO CANDIDATES

1. Read the Information Bulletin and the instructions given below carefully before filling up the application form.
2. The downloaded application form has to be used.
3. If a candidate is found to have provided false information/certificate or withheld or concealed some information in his/her application form, he/she shall be debarred from admission.
4. Incomplete application form will not be accepted and no communication will be made in this regard.
5. Change in address should be intimated to this office immediately.

NOTE

Arrange the application in the following order and firmly tag all the documents before dispatch to the Institute by hand or E-mail.

- i) Application Form
- ii) Certificate from the employer (for In-service Sponsored candidates only)
- iii) Attested copies
 - a) Appointment Order (for in-service sponsored candidates only)
 - b) Aadhaar Card
 - c) Scheduled Caste/ Scheduled Tribe/ OBC Certificate
 - d) Admit Card – NEET-PG - 2024
 - e) Score Card – NEET-PG – 2024
 - f) Age proof certificate (i.e. Matric/HSLC Certificate, etc.)
 - g) Class XII Mark Sheet
 - h) MBBS Degree Certificate from the University
 - i) Mark-Sheets – 1st MBBS, 2nd MBBS and final MBBS (Pt-I & II)
 - j) Attempt Certificate of MBBS Course
 - k) Internship Completion/Undergoing Certificate
 - l) Medical Registration Certificate (State Medical Council or NMC)
 - m) NMC/NBE Screening Test Result (for graduates from outside India)