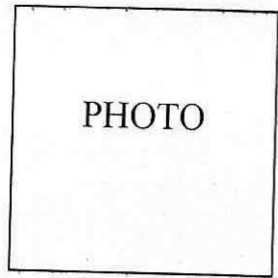




GYMKHANA
REGIONAL INSTITUTE OF MEDICAL SCIENCES
IMPHAL/MANIPUR



SL No.

ENROLMENT FORM

Name (In block letters)

RIMSONIANS: Dependent:

Father's Name

Address

Date of Birth ID No.

Occupation

Marital Status Phone/Mobile No.

Declaration:

I hereby declared that, the particular given above are correct to the best of my knowledge. I further declare that, I shall abide by the rules and regulations of the Gymkhana, RIMS.

Date:

Signature

ADMISSION FEE			YEAR RENEWAL FEE		
1) Students (RIMS)	-	Nil	1) Students (RIMS)	-	Nil
2) Staffs	-	Rs. 2000/-	2) Staffs	-	Rs. 1000/-
3) RIMSONIAN	-	Rs. 2000/-	3) RIMSONIAN	-	Rs. 1000/-
4) Dependent	-	Rs. 2000/-	4) Dependent	-	Rs. 1000/-

This form is to be submitted along with 2 (two) Stamp Size Photographs.

OFFICE USE ONLY

The application submitted by

Form No. has been properly checked and accepted for admission/renewal.

Director
RIMS

Dean (Academic)
RIMS

Physical Instructor
RIMS

DOCUMENTS TO BE SUBMITTED:

1. Students: should submit a xerox copy of valid student ID along with the form
2. Staff: should submit A Xerox copy of Staff ID along with the form
3. Rimsonian: should submit a xerox copy of pass out certificate along with the form.
4. Dependent: Must submit Service ID card of the Staff as well the Aadhaar of the staff and the dependent.

Inshama
02/12/24