PRESCRIBED FORMAT FOR THE POST OF

	RIMS	IMPHAL
/	KHMD,	IMPHAL

1.	Full name in Block letters	:	
2.	Father's/Husband Name	:	Affix recent Passport size
3.	Date of birth	:	photograph
4.	Age (as on the last date of su	bmission 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 Ca (if yes please indicate and en	aste/Schedule Tribe/OBC category?: close a copy of the certificate)	

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:

SI. No.	Year of publication	Name of Journal indicating Vol. no., Page no. etc.	Title	Indicate whether 1st Author or Co-author
				4

15. Seminar/Workshop/ Conference attended:

SI. No.	Year	Name of event indicating participation level (Paper presentation etc.)	Details of presentation
	,		

13. Teaching experience:

(a) Before Post Graduation:

Sl. No.	Post (s) held	ost (s) held Name of College/Institution		Period of service		Reason of
			From	То	(Regular/ Contract)	leaving
					12.25)	
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(b) After Post Graduation:

SI.	Post (s) held) held Name of College/Institution	Period of service		Nature of Appointment	
			From	То	(Regular/ Contract)	leaving
i						

14. Research works & Publications:

SI. No.	Year of publication	Name of Journal indicating Vol. no., Page no. etc.	Title	Indicate whether 1st Author or Co-author

15. Seminar/Workshop/ Conference attended:

SI. No.	Year	Name of event indicating participation level (Paper presentation etc.)	Details of presentation

	Name of the book published	Chapter contributed	Year of publication
-			
_			
∟ 17. Pı	rizes and Awards received:		
1.			
2.			
3.			
18. Ex	tra Curricular activities:		
	and currental activities;		
1.			
2.			
3.			
2: Ін с	ase the space provided in the format is not sufficient i	separate statement/sheet may be attached	d as Annexure.
19.	DECLAR	ATION	
	I, Shri/Shrimati/Kumari		
dec	lare as under:		
i)	That I am unmarried/a widower/a widow		
ii)	That I am married and have only one spo	use living	
iii)	That I have entered into or confracted a	marriage with a person baying	a spouse living.
iv)	Application for grant of exemption is end. That I have entered into and contracted and of my spouse. Application for private S.	losed	
	or my spouse. Application for grant of ex	emption is enclosed. ND	ring the lifetime
v)	That I hereby declare that the entrie	s made in format are true and	correct to the
	best of my knowledge and belief. In	I the event of any information	. hoim C 1
	false/incorrect my candidature/servionotice.	ces are liable to be terminated	d without any
Statio	On.		
	on:	Signature:	
Date	on: : of documents enclosed:	Signature: Full name of th	e applicant:

NO OBJECTION CERTIFICATE (For candidates in Government service)

Certified that		
	on regular / contract basis in the (PB+CP)	is working a
pay of F.B. Rs.	+ G.P. Rs	
The Institute /Colle	ege has no objection to his/her applying for	the post or
	RIMS, Imphal.	
Further, certified that service of this Institute/Colleg	in case if he/she is appointed, he/she will be release.	ased from the
Date:	Signature Head of the Institute _/	/College
	Name;	
	Designation:	
	Institute/College:	
	Seal	