



**REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL – 795 004**

(An Autonomous Institute under the Ministry of Health & Family Welfare , Govt. of India)

**INSTRUCTIONS TO CANDIDATES**

1. Read the Information Bulletin and the instructions given below carefully before filling up the application form.
2. The original/downloaded application form has to be used. The photocopy of the original form is not acceptable.
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 post/hand.

- i) Application Form
- ii) Certificate from the employer A (for In-service Sponsored candidates only)
- iii) Certificate from the employer B (for employed & applying for Open Category)
- iv) Declaration of the Father/Guardian/Husband
- v) Attested copies
  - a) Appointment Order (for in-service sponsored candidates only)
  - b) Domicile /Permanent Resident Certificate
  - c) Aadhaar Card
  - d) Scheduled Caste/ Scheduled Tribe/ OBC Certificate
  - e) Admit Card – NEET-PG - 2024
  - f) Score Card – NEET-PG – 2024
  - g) Age proof certificate ( i.e. Matric/HSLC Certificate, etc.)
  - h) Class XII Mark Sheet
  - i) MBBS Degree Certificate from the University
  - j) Mark-Sheets – 1<sup>st</sup> MBBS, 2<sup>nd</sup> MBBS and final MBBS (Pt-I & II)
  - k) Attempt Certificate of MBBS Course
  - l) Internship Completion/Undergoing Certificate
  - m) Medical Registration Certificate (State Medical Council or NMC)
  - n) NMC/NBE Screening Test Result (for graduates from outside India)
  - o) One extra copy of recent passport photograph

Ack No. ....

Application Form No. ....



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**APPLICATION FORM FOR 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 category  
given below : Tick (✓) the relevant box/boxes if applying for more than one category.

A) In-Service Sponsored  B) Open RIMS Graduate

C) Open RIMS-AIQ Graduate  D) Open Non-RIMS NE Graduate

E) Open category (residing in the beneficiary states of RIMS)

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 : .....
- (b) Name of the University from which  
passed MBBS Examination. ....
- (c) Year of admission to MBBS Course : .....
- (d) Year of passing final MBBS Exam. : .....
- (e) No. of Attempt taken to pass : 1<sup>st</sup> Professional : .....  
2<sup>nd</sup> Professional : .....  
3<sup>rd</sup> Professional (Part - I).....  
3<sup>rd</sup> Professional (Part - II).....

10. Year and month of completion of Internship: .....
11. Permanent Medical Registration No. & Date with Name of the Medical Council:  
.....
12. If 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 (A)  
*(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 :**

- i) **Candidate who is appointed on temporary/contract or adhoc basis shall not be considered under the In-service Sponsored category.**
- ii) **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.**

CERTIFICATE TO BE FURNISHED BY THE EMPLOYER (B)  
(for in-service candidate applying in Open category)

Certified that Dr.(Mr./Miss/Mrs.) :.....  
is serving as..... in the Department of .....  
..... since..... He/She will be relieved, if selected, for  
the postgraduate course within the stipulated time for admission. To the best of my knowledge,  
he/she bears a good moral character.

Signature : .....

Name : .....  
(In block letters)

Place : .....

Designation : .....

Dated : .....

Office seal :

DECLARATION OF THE LEGAL GUARDIAN OF THE CANDIDATE

I hereby declare that I will be responsible for timely payment of all dues payable to  
Regional Institute of Medical Sciences, Imphal in respect of my son/daughter/ward/wife  
..... during the period of his / her study at  
Regional Institute of Medical Sciences, Imphal and hereafter until the accounts are cleared.

.....  
*Signature of the Legal Guardian*

Place : .....

Address : .....

Dated : .....

.....

(To be attested by a Gazetted Officer)

\*Legal Guardian may be parents, spouse, or close relatives, who can take responsibility of the  
candidate's actions.



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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

**Signature of Counseling officials with date**

<b>1<sup>st</sup> round Counselling</b>	
<b>Any subsequent counselling</b>	