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REGIONAL INSTITUTE OF MEDICAL SCIENCES
(An autonomous Institute under Ministry of Health & Family Welfare, Government of India)
LAMPHEL PAT, IMPHAL - 795004 : MANIPUR

ADVERTISEMENT

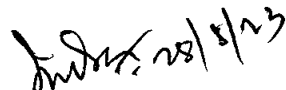
Imphal, the 28th August, 2023

No. B/561/2022-SR/RIMS (Pt-II): **14884** A "Walk-in-interview" for selection of suitable persons for the post of Senior Resident of Pharmacology and Surgery Department of RIMS, Imphal will be held on **11th September, 2023** at **10.00 a.m.** in the Conference Room of the Director, RIMS, Imphal. The appointment is purely Tenure basis for a limited period of 3 (three) years. Interested candidates having the following qualification, experience and within the upper age limit may attend the walk-in-interview on submission of an application enclosing their bio-data, along with photocopies of relevant testimonials to the office of the undersigned on or before 4.30 p.m. of **6th September, 2023**. Candidates associated with the Health & FW Govt., of Manipur have to enclose "No Objection Certificate (NOC)" from the concerned department, failing which their candidature may be cancelled without further intimation to the concerned candidate. The candidates have to produce their original certificates testimonials before the Selection Board.

Department/Unit wise vacant posts of Sr. Resident are as follows:

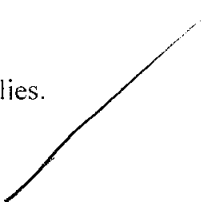
Sl. No.	Name of Post	Scale of Pay	No. of Posts	Reservation	Qualification and Experience
1	Sr. Resident (Pharmacology)	PB-3, Level-10	2	- UR-2	a) Postgraduate degree (MD/MS/DNB) in the respective subject from the institute recognized by MCI b) Candidate must be registered with the Manipur Medical Council/Medical Council of India
2.	Sr. Resident (Surgery)	PB-3, Level-10	2	- SC-1 - UR-1	

2. The upper age of the post is 45 years, relaxable as per Government of India norms. In case the vacancies are not filled by the reserved category, the vacancies will be given to the Un-reserved category.
4. This issues with the approval of the Director, RIMS, Imphal


(Naorem Indrakumar Singh)
Deputy Director (Admn.),
RIMS, Imphal

Copy to:

1. P.S. to Director, RIMS, Imphal – for kind information of Director, RIMS, Imphal
2. The Medical Superintendent, RIMS Hospital, Imphal
3. The Dean (Academic), RIMS, Imphal
4. The HOD of Pharmacology, RIMS, Imphal
5. The HOD of Surgery, RIMS, Imphal
6. The CAO/FA, RIMS, Imphal
7. The Accounts Officer, RIMS, Imphal
8. The S.O. Accounts/Bill Asstt., RIMS, Imphal
9. The System Administrator, RIMS, Imphal – for uploading in website
10. The Media Advisor, RIMS, Imphal – for publication of the above notice in 2 local dailies.
11. Order book


(Naorem Indrakumar Singh)
Deputy Director (Admn.),
RIMS, Imphal

**PRESCRIBED FORMAT FOR THE POST OF
SENIOR RESIDENT OF _____, 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+2/P.U.C.					
MBBS					
M.D./M.S. with speciality					
DNB					

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 declared 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 candidature /services are liable to be terminated without any notice.

Station:

Date:.....

Signature:

Full name of the applicant:

List of documents enclosed:

- 1.
- 2.
- 3.
- 4.