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क्षेत्रीय आयुर्विज्ञान संस्थान, इम्फाल, मणिपुर
REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL, MANIPUR
(स्वास्थ्य और परिवार कल्याण मंत्रालय,भारत सरकार के अंतर्गत एक स्वायत्त संस्थान)
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NOTICE

Imphal, the 7th May, 2024

No. B/561/2022-SR/RIMS: 7315 A "Walk-in-interview" for selection of suitable persons for the posts of Senior Residents in the following departments of RIMS, Imphal will be held on **23rd May, 2024** at **11 a.m.** in the Conference Room of Director, RIMS, Imphal.

Sl. No.	Name of post	Scale of Pay	No. of post	Reservation	Qualification and experience
1	Sr. Resident (Pharmacology)	Pay Level-10	1	UR	i. Postgraduate degree (MD/MS/DNB) in the respective subject from the institute recognized by MCI ii. Candidate must be registered with the Manipur Medical Council/Medical Council of India
2	Sr. Resident (Nephrology)	- do -	1	UR	
3	Sr. Resident (Community Medicine)	- do -	1	OBC	
4	Sr. Resident (Anatomy)	- do -	1	UR	
5	Sr. Resident (Obstetrics & Gynaecology)	- do -	4	UR-2 SC-1 OBC-1	
6	Sr. Resident (Sports Medicine)	- do -	1	UR	
7	Sr. Resident (Surgery)	- do -	1	UR	
8	Sr. Resident (Urology)	- do -	1	UR	

2. i). The appointment is purely on Tenure basis for a limited period of 3 (three) years.

ii). The upper age limit of candidates for these posts is 45 years, relaxable as per the Government of India norms. In case the vacancies are not filled up by the reserved category, wherever applicable, these will be given to the un-reserved category.

3. Interested candidates having the above qualifications, 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 Section Officer (General Section), on or before 4.30 p.m. of 20th May, 2024**. Candidates associated with the Health Services, Government 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 are required to produce their original certificates and testimonials before the Selection Board.

4. This issues with the approval of the Director, RIMS, Imphal.

(R.K. Mecolt 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/Nephrology/Community Medicine/Anatomy/Obstetrics & Gynaecology/Sports Medicine/Surgery/Urology, RIMS, Imphal
5. The CAO/FA, RIMS, Imphal
6. The Accounts Officer, RIMS, Imphal
7. The S.O. Accounts/Bill Asstt., RIMS, Imphal
8. The System Administrator, RIMS, Imphal – for uploading in webside
9. The Media Advisor, RIMS, Imphal – for publication of the above notice in 2 local dailies.
10. Order book

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PRESCRIBED FORMAT FOR THE POST OF SENIOR RESIDENT OF _____, RIMS, IMPHAL

Affix recent Passport size photograph

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)

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					

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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.