



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

(Notification No.....)

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APPLICATION FOR THE POST OF _____

NAME OF THE APPLICANT :

(as per SSC Marks List)

1. FATHER NAME :

2. DATE OF BIRTH :

(As per SSC Marks List)

Date	Month	Year

3. Residential Address:

Mobile No.:

E-mail ID :

4. EDUCATIONAL QUALIFICATION: -

(Attested copies of relevant certificates of qualifying examination, along with Marks Lists to be enclosed)

Name of the Course	Date of passing of the Course	Maximum Marks in the Course	Marks obtained in the Course

5. Category (SC/ST/OBC) :

DECLARATION

I, _____, S/o / D/o _____ solemnly declare that the particulars given above are correct to the best of my knowledge and belief. I also agree that in the event of any of the particulars furnished in my application being found to be incorrect or false at a later date, my candidature/ appointment may be cancelled summarily.

Signature of the candidate