

#### क्षेत्रीय आयुर्विज्ञान संस्थान, इंफाल: मणिपुर REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL, MANIPUR

(स्वास्थ्य और परिवार कल्याण मंत्रालय,भारत सरकार के अंतर्गत एक स्वायत्त संस्थान) (An Autonomous Institute under the Ministry of Health & Family Welfare, Govt. of India)

0385-2414720 0385-2414750

e-mail : rims@rims.edu.ir website: www.rims.edu.in

**ADVERTISEMENT** Imphal, the 20<sup>th</sup> February, 2024

No. B/2706/2022-RIMS: 16608 A walk-in- interview for selection of suitable persons for the following 2 (two) Assistant Professor (Microbiology-I and Physiology-I), RIMS, Imphal will be held on 6th March, 2024 at 11 a.m. in the Conference Room of Director, RIMS, Imphal. The appointment is purely on contractual basis for a period of 6 months which may be extended as per requirement.

The detail of the post is given under:

Name of the post	Consolidated Pay	No. of post	Reservation	Qualification and experience
Assistant Professor of Microbiology	PB-3, Level- 11 Rs.74,000/- + DA	1	UR	Academic Qualification M.D. (Bacteriology)/M.D. (Microbiology)/ MBBS with M.Sc. (Med. Bacteriology)/ M.Sc. (Med.Microbiology)/ Ph.D. (Med. Bacteriology)/M.Sc. (Med. Bact.)/M.Sc. (Med. Microbiology) with Ph.D. (Med.Bact)/M.Sc. (Med. Bact)/D.Sc (Med. Bact)/M.Sc. (Med. Microbiology) with Ph.D. (Med. Micro)/M.Sc. (Med. Micro)/with D.Sc. (Med. Micro) Teaching/Research experience: i). Requisite recognised post-graduate qualification in the subject. ii). Three years teaching experience in the subject in or recognised Medical College as Resident/ Registrar/ Demonstrator/ Tutor
Assistant Professor of Physiology	PB-3, Level- 11 Rs.74,000/- + DA	1	UR	Academic Qualification:  M.D. (Physiology)/MBBS with M.Sc. (Physiology)/M.Sc. (Med. Physiology) with Ph.D. (Med. Physiology)/M.Sc. (Med. Physiology) with D.Sc. (Med. Physiology).  Teaching /Research experience: i) Requisite recognised postgraduate qualification in the subject. ii) Three years teaching experience in the subject in or recognised Medical College as Resident/ Registrar/ Demonstrator/ Tutor



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- The upper age limit is 45 years as on date of notification
- The Interested candidates having the above qualification, experience and within the upper 3. age limit may attend the walk-in- interview on submission of an application enclosing their biodata, along with photocopies of relevant testimonials to the office of the undersigned on or before 4.00 p.m. of 4th March, 2024. The candidates have to produce their original certificates, testimonials before the Selection Board.

Incomplete application and applications received after the stipulated date shall be summarily rejected without any intimation to the candidates.

> (Sairem Sarat Singh) Deputy Director (Admn.) i/c, Regional Institute of Medical Sciences, **Imphal**

#### Copy to:

- P.S. to Director, RIMS, Imphal for kind information of Director 1.
- The Medical Superintendent, RIMS Hospital, Imphal 2.
- The Dean (Academic), RIMS, Imphal
- The Head of Department Microbiology/Physiology, RIMS, Imphal 4.
- The C.A.O /F.A., RIMS, Imphal 5.
- The System Administrator, RIMS, Imphal for uploading the above advertisement in the RIMS website for wide information
- The Media Advisor, RIMS, Imphal for publication in 2 (two) local dailies for 7. one day
- 8. Notice Boards.
- Concerned file

# PRESCRIBED FORMAT FOR THE POST OF , RIMS, IMPHAL

1.	Full Name in Block Letters	:	Affix recent
2.	Father's /Husband Name	:	Passport size photograph
3.	Date of birth	:	photograph
4	Age (as on the last date of sub	omission of application :	
5.	Gender & Marital Status	;	
6.	Permanent address in full	:	
7.	Present address with postal co	ode 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	aste/Schedule Tribe/ OBC category ?:	
	(if yes please indicate and enc	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					

## 13. Teaching experience:

#### (a) Before Post Graduation:

Sl.	Post (s) held	Name of College/Institution	Period o	f service	Nature of Appointment	Reason of
No.			From	То	(Regular/Contract)	leaving

## (b) After Post Graduation:

D (()1.11	Name of College	Period of	service	Nature of	Reason of
Post (s) held	held /Institution From To		То	(Regular/Contract)	leaving
					,
	Post (s) held	Post (s) held	Post (s) held Name of College	Post (s) held	Post (s) held Name of College Appointment

#### 14. Research works & Publications:

Sl. No.	Year of publication	Name of Journal indicating Vol. No., Page no.etc.	Title	Indicate whether 1 <sup>st</sup> Author or Co-author

# 15. Seminar/Workshop/Conference attended:

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

	er you have published any book or ear of publication etc.	contributed a chapter in a book? If	so mention the name of
Nai	me of the book published	Chapter contributed	Year of publication
17. Prizes a	nd Awards received:		
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	$\underline{\mathbf{D}}\underline{\mathbf{E}}$	CCLARATION	
I, Shri/S	Shrimati/Kumari		
Declare as	under:		
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iv)	of my spouse. Application for g		rson during the meant
<b>AN</b> V)	That I hereby declared that the knowledge and belief. In the	entries made in format are true and control event of any information being for to be terminated without any notice.	ound false/incorrect my
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Lis	t of documents enclosed:		
1.			
2. 3.			
4.			

# NO. OBJECTION CERTIFICATE

Certified that		is working as
on regula	er / contract basis in the (PB+GP)	
in the pay of P.B. Rs.	+ G.P. Rs	·
	as no objection to his / her applying , RIMS, Imphal.	for the post of
Further, certified that in case i of this Institute /College.	if he / she is appointed, he /she will be release	ed from the service
Date:	Signat	ute
	Head of the Inst	titute /College
	Name:	
	Designation:	
	Institute /College:	
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