

**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					
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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.