



REGIONAL INSTITUTE OF MEDICAL SCIENCES

(An autonomous Institute under Ministry of Health & Family Welfare, Government of India)

LAMPHELPAT, IMPHAL - 795004: MANIPUR

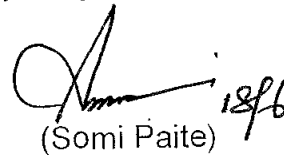
ADVERTISEMENT

Imphal, the 18th June, 2022

No. B/3026/2015-RIMS: Applications are invited from the intending candidates for selection of suitable persons for appointment as Office Assistant (OA). The appointment is purely on contract basis for a period of 1 (one) year initially extendable on need basis. Interested candidates having the following qualification, experience and within the upper age limit may submit an application in the prescribed format to the office of the undersigned on or before 25th June, 2022. The candidates have to produce their original certificates, testimonials before the Selection Board.

Sl.No.	Name of the post	No. of Post (s)	Age	Pay	Eligibility Criteria
1	Office Assistant	10 nos. (UR-5, ST-03, OBC-01, SC-01)	35 yrs	₹20,250/-p.m.	i) 1 st Class (60 %) Graduate from any Govt. recognized University and 55% for SC/ST candidate with typing speed of not less than 30 words per minutes (25 words per minutes for SC/ST) in English or Computer 150 KDPM (125 KDPM for SC/ST) in English.

- i) In case large number of applicants is received, written test will be conducted to shortlist the candidate.
- ii) Age relaxation of 5 years shall be given to contract employees of RIMS, Imphal.


(Somi Paite)

Administrative Officer (i/c),
Regional Institute of Medical Sciences,
Imphal

Copy to:

1. P.S. to Director- for kind information of Director, RIMS, Imphal
2. The Caretaker, Jubilee Hall, RIMS, Imphal.
- ✓ 3. The System Administrator, RIMS, Imphal- for uploading in RIMS website.
4. All Notice Boards.

REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL

(Notification No.....)

APPLICATION FOR THE POST OF OFFICE ASSISTANT (CONTRACT BASIS)

Affix Latest
passport size
photo with self-
attestation

1. **NAME OF THE APPLICANT :**

(as per SSC Marks List)

2. **FATHER NAME :**

3. **DATE OF BIRTH :**
(As per SSC Marks List)

Date	Month	Year

4. **Residential Address:**

Mobile No.:

E-mail ID :

5. **Category (UR/SC/ST/OBC):**

Education Qualification			
Name of the University	Date of passing of the examination	Maximum Marks	Grade (% of Marks)

(Attested copy of graduation and typing certificate from a Govt. recognized institute to be enclosed along with Marks Lists)

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