

11. Employees of Government or Semi-government departments should apply through proper channel. However advance copy shall also be accepted provided proof of seeking No Objection Certificate from the employer is annexed with the application.
12. The candidate must be a citizen of India.
13. Reservation roster as per Jharkhand Government Rules is applicable.
14. Director, RIMS, Ranchi reserves the right to reject all or any application without assigning any reason.
15. The candidate must enclose Bank Draft in favour of "Director, Rajendra Institute of Medical Sciences, Ranchi PAYABLE AT RANCHI." The amount of bank draft :(i) for General, BC-I, BC-II Rs. 600/- (Rs. Six Hundred Only) & for SC & ST candidates Rs. 150/- (Rs. One Hundred Fifty Only), which is non-refundable in any case.
16. Canvassing in any form and /or bringing in any influence will be treated as disqualification.
17. The benefit of reservation shall be given only to the resident of Jharkhand and the certificate to that effect should and must be issued by the competent authority (ies) of Jharkhand state.
18. The candidate shall not be allowed to join the service of RIMS, Ranchi unless he/she is relieved from previous organization.
19. If any information/ document given by candidate in application form is found to be false and forged, candidature will be cancelled or service will be terminated.
20. Director RIMS, Ranchi reserved right to cancel this advertisement at any time as per exigency.
21. All disputes shall lie in jurisdiction of Ranchi.
22. The number of Vacancy may increase or decrease according to the situation of necessity.
23. Advertisement also available on website www.rimsranchi.org . Prescribe Application Format is as under:

APPLICATION FORMAT

Advertisement No.....

Application for the post of at Rajendra Institute of Medical Sciences, Ranchi-09.

PHOTO

1. APPLICANT'S NAME (In block letters) :
2. FATHER'S/HUSBAND'S NAME (In block letters):.....
3. DATE OF BIRTH :.....
4. SEX..... 5. NATIONALITY
6. RELIGION : 7. CATEGORY (Write whether Category out of Gen/ST/SC/BC-I/BC-II).....

8. ADDRESS (Including Pin Code No., Mobile No. & Email)

i. CORRESPONDENCE:

ii. PERMANENT :

9. EDUCATIONAL QUALIFICATIONS (Starting from matriculation) :

S.No.	Examination (s) passed	Name of College/ Institute	Board/University	Yr. of Passing with marks(%)	No. of attempts

10. WORK EXPERIENCES:

S.No.	Institute/Organisation	Post held	From	To	Total duration

11. Registration No.: CENTRAL / STATE COUNCIL (Attached proof), if any::

12. DETAILS OF APPLICATION FEE: Bank Name & Branch -----D.D. No. with Date----- Amount -----

13. LIST OF SELF ATTESTED COPIES OF TESTIMONIALS WITH PAGE NO OF ENCLOSURES:

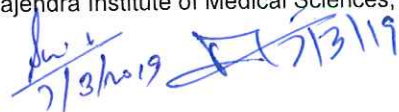
14. DECLARATION:

I,.....S/o, W/o.....do hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, I hereby convey my consent for cancellation of my candidature.

Place:
Date:

Signature of the Candidate


 Director,
 Rajendra Institute of Medical Sciences, Ranchi.


 7/3/2019