

RAJENDRA INSTITUTE OF MEDICAL SCIENCES, RANCHI

Advertisement No. 909 Dated 11/6/25

REQUIRED

Application with complete Bio-Data are invited for filling- up the post of following post at Rajendra Institute of Medical Sciences, Ranchi, An Autonomous Institution under the Government of Jharkhand on Contractual basis for one year.

Sl No	Name of Posts	No of Posts	Category	Pay
01	Hospital Manager	04	UR-2 ST-1 BC-1	Fix remuneration of Rs. 41,000/- (no additional allowances will be granted)

A. Educational Qualification:

P.G. Diploma in Hospital Management & Healthcare/ M.BA. in Hospital Management/ Health Management./Masters in Public Health from any recognized University/ Institute.

2. Experience :

- Minimum three (03) year of work experience .
- Deep knowledge of Health Care Industry and Hospital Administration.
- Work Experience in Health care Sector.
- Knowledge of Computer & Healthcare Management Software.

3. Desired Skills. Knowledge of Hospital related Govt Rules /Indian public Health Standards(IPHS)

5. Maximum Age 40 years as 30 June 2025 .

INSTRUCTION FOR THE CANDIDATES

1. Complete application in prescribed Performa, with bio-data in all respects, signed by the candidate, should reach in the office of the Director, Rajendra Institute of Medical Sciences, Ranchi-834009 on/or before 30 June 2025 till 5.00 PM by Registered/Speed Post only. After the due date and time (i.e 30 June 2025 till 5.00PM) applications or any other documents shall not be accepted. The institute shall not be responsible for postal delay.
2. The envelope should be super-scribed with the post applied for.
3. The discipline/subject for which the application(s) is/are being submitted needs to be indicated clearly.
4. Incomplete application will not be considered.
5. The candidate must be a citizen of India.
6. No TA/DA will be given to the candidate(s) if called for interview.
7. Director, RIMS, Ranchi reserves the right to reject all or any application without assigning any reason.
8. The candidate must enclose Application Fee : (i) for General, BC-I Rs. 1000/- (Rs. One Thousand Only) & for SC & ST candidates Rs. 250/- (Rs. Two Hundred Fifty Only), which is non refundable in any case payable in favor of Director in RIMS Ranchi Through NEFT/RTGS in A/c no. 50200047672661 of HDFC Bariatu, Ranchi (Jharkhand), IFS Code: HDFC0002728. The Details of Receipt/proof of the online submission of application fee must be attached along with application form.
9. Canvassing in any form and /or bringing in any influence will be treated as disqualification.

H



10. 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.
11. The candidate shall not be allowed to join the service of RIMS, Ranchi unless he/she is relieved from previous organization.
12. 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.
13. Candidates are requested to send the soft copy of their application on email address – rimsranchi@rediffmail.com
14. Director RIMS, Ranchi reserve right to cancel this advertisement at any time as per exigency.
15. All disputes shall lie in jurisdiction of Ranchi.
16. Advertisement is also available on website www.rimsranchi.ac.in Prescribe Application Format is as under:
17. The contract is renewable for maximum 2 years or till 60 years whichever is earlier subject to satisfactory performance.

APPLICATION FORMAT

Advertisement No.....

Application for the post and dept. of(contractual basis), at Rajendra Institute of Medical Sciences, Ranchi-09.

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.	Name of Department	Post held	From	To	Total duration

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

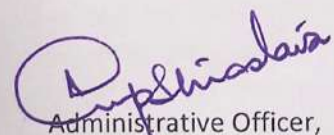
12. LIST OF SELF ATTESTED COPIES OF TESTIMONIALS WITH PAGE NO OF ENCLOSURES:

13. 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


 Administrative Officer,
 Rajendra Institute of Medical Sciences,
 Ranchi.
 11/06/25 11/06/25 11/06/25 11/06/25