



**Jawaharlal Institute of Postgraduate  
Medical Education and Research (JIPMER)**  
(An Institution of National Importance Under the  
Ministry of Health, Government of India)



Application for the Post of **Data Entry Operator**

*ICMR funded ad hoc project (Contractual Basis)*

Fill in with Block Letters – Printed in A4 size paper

1. Name of the Applicant: \_\_\_\_\_

3. Father's Name: \_\_\_\_\_

4. Gender (*Male / Female*): \_\_\_\_\_

5. Date of Birth (*dd/mm/yyyy*): \_\_\_\_\_

6. Age (*as on 25<sup>th</sup> August 2022*): \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

7. Nationality: \_\_\_\_\_

8. Address for Communication: \_\_\_\_\_

\_\_\_\_\_

PINCODE: \_\_\_\_\_

9. Permanent Address: \_\_\_\_\_

\_\_\_\_\_

PINCODE: \_\_\_\_\_

10. Mobile: \_\_\_\_\_ 11. Email ID : \_\_\_\_\_

12. Whether belongs to SC/ST/OBC/Physically Handicapped : \_\_\_\_\_

13. Have you ever been convicted by a court of law or is there any criminal case / disciplinary action /  
vigilance enquiry pending against you ? If so, specify: \_\_\_\_\_

14. Experience pertaining to *Clinical Research projects* involving data entry & record maintenance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Affix your recent  
Passport size Photo  
(Do not staple)

15. Educational Qualifications: (*Enclose self-attested photocopies*)

	Educational Qualification (from SSLC / Matriculation)	Board / University	Mon / Year of Passing	Percent of Marks (or Percentile)	Subject(s)
1	Tenth Equivalent				
2	12 <sup>th</sup>				
3	Grad Degree: _____				
4	Any other (specify)				
5	Any other (specify)				

16. Details of Previous Employment (if any):

	Employer	Designation	From	To	Duration	Regular / Temporary
1						
2						

17. Reference letters / Testimonials (*OPTIONAL*):

A. \_\_\_\_\_

B. \_\_\_\_\_

18. Résumé attached (*YES / NO*): \_\_\_\_\_

***Declaration by the Applicant***

I, \_\_\_\_\_ 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 or ineligible and detected before or after Exam/Interview, I hereby convey my consent for cancellation of my candidature. Further, I declare I have gone through all the terms and conditions of the appointment. I will abide the same and I will not claim any regularization.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(*Signature of the Applicant*)