



जवाहरलाल स्नातकोत्तर चिकित्सा शिक्षा एवं अनुसंधान संस्थान (जिपमेर)

धनवंतरी नगर, पुदुच्चेरी 605 006, भारत

(स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के तहत राष्ट्रीय महत्व का संस्थान)

Jawaharlal Institute of Postgraduate Medical Education and Research

Dhanvantari Nagar, Puducherry 605 006, India

(An Institution of National Importance under Ministry of Health & Family Welfare, Government of India)

Annexure I



Application form for the post of _____ on contract basis

1.	Name of the applicant						Photo
2.	Father/Spouse Name						
3.	Date of Birth						
4.	Category belongs to	UR	OBC	EWS	SC	ST	
5.	Nationality						
6.	Religion						
7.	Marital Status						
8.	Permanent Address						
9.	Address for correspondence						
10.	Mobile No.						
11.	Email Id						
12.	Educational Qualifications (Add separate sheet if required)						
	Name of the Degree	Year of Passing	Name of the University				
13.	Details of Experience if applicable (Add separate sheet if required)						
	Designation and Name of the Min./Deptt./ Org.	From	To	Nature of work	Remarks		

Declaration

I do hereby declare that particulars furnished above are true and correct to the best of my knowledge. I understand and agree that in the event of any information being false/incorrect/incomplete or ineligibility being detected at any time before or after the selection, my candidature is liable to be rejected. All terms and conditions of engagement as mentioned in the notice are acceptable to me.

Place:

Signature :

Date:

Name :