



जवाहरलाल स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान
JAWAHARLAL INSTITUTE OF POST GRADUATE MEDICAL EDUCATION & RESEARCH

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान, भारत सरकार)
 (An Institution of National Importance under Ministry of Health & Family welfare, Government of India)
 धन्वंतरि नगर, पुदुच्चेरी / Dhanvantari Nagar, Puducherry – 605 006



Phone: 0413-2296022

Website: www.jipmer.edu.in

NOTE:

TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICATION MUST BE DULY TYPED / HANDWRITTEN, SUPPORTED WITH SELF ATTESTED COPIES OF TESTIMONIALS.

APPLICATION FOR THE POST OF

--

**ON DEPUTATION BASIS FOR
 JIPMER, PUDUCHERRY**

(If the officer is eligible for more than one post on deputation basis, He/she should apply separately for each post)

PASTE THE
LATEST
SELF
ATTESTED
 PHOTOGRAPH
 HERE

1. FULL NAME (BLOCK LETTERS)	:	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
2. FATHER'S / HUSBAND'S NAME	:	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
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6. DATE OF BIRTH	:	<table style="width: 100%; border-collapse: collapse;"><tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="width: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="width: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">D</td><td></td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td></td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>											D	D		M	M		Y	Y	Y	Y																				
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7. SEX	:	<input type="checkbox"/> MALE <input style="margin-left: 200px;" type="checkbox"/> FEMALE																																								
8. MARITAL STATUS	:	<input type="checkbox"/> MARRIED <input style="margin-left: 100px;" type="checkbox"/> UNMARRIED																																								
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10. RELIGION	:	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								

19. DETAILS OF EMPLOYMENT IN CHRONOLOGICAL ORDER STARTING WITH THE LATEST
 (Enclose a separate sheet duly authenticated by your signature, if the space below is insufficient)

Sl. No.	Organization/Institution	Name of the Post held on regular basis	*Pay and Level of the post held on regular basis	Nature of Employment	Period	
				Adhoc/Temporary/Permanent/Deputation	From (DD/MM/YY)	To (DD/MM/YY)
i.						
Nature of duties performed during the above period						
ii.						
Nature of duties performed during the above period						
iii.						
Nature of duties performed during the above period						
iv.						
Nature of duties performed during the above period						
v.						
Nature of duties performed during the above period						
vi.						
Nature of duties performed during the above period						

Sl. No.	Organization/Institution	Name of the Post held on regular basis	*Pay and Level of the post held on regular basis	Nature of Employment	Period	
				Adhoc/Temporary/Permanent/Deputation	From (DD/MM/YY)	To (DD/MM/YY)
vii.						
Nature of duties performed during the above period						
viii.						
Nature of duties performed during the above period						
ix.						
Nature of duties performed during the above period						
x.						
Nature of duties performed during the above period						

** Period of Service rendered in higher GP's/Pay Levels attained though MACP/ACP will not be considered as eligible years of Service in the required GP/Pay Level. The actual GP/Pay Level of the post of the applicant as on the date of application and the period of Service rendered in that post will only be considered to calculate the eligible years of Service. Pay Band and Grade Pay/Pay Scale of the post held on regular basis to be mentioned clearly.*

20. IN CASE THE PRESENT EMPLOYMENT IS HELD ON DEPUTATION BASIS, PLEASE STATE

- i. The date of initial appointment :
- ii. Period of appointment on deputation :
- iii. Name of the parent office / Organization to which the applicant belong :
- iv. Name of the post and pay of the post held in substantive capacity in the parent organization :

21. ADDITIONAL DETAILS OF PRESENT EMPLOYMENT:

Please tick whether working under

- | | |
|--|---|
| <input type="checkbox"/> CENTRAL GOVERNMENT | <input type="checkbox"/> STATE GOVERNMENT |
| <input type="checkbox"/> AUTONOMOUS ORGANIZATION | <input type="checkbox"/> GOVERNMENT UNDERTAKING |
| <input type="checkbox"/> UNIVERSITIES | <input type="checkbox"/> OTHERS |

22. IN CASE THE APPLICANT BELONGS TO AN ORGANISATION WHICH IS NOT FOLLOWING THE CENTRAL GOVERNMENT PAY- SCALES, THE LATEST SALARY SLIP ISSUED BY THE ORGANISATION SHOWING THE FOLLOWING DETAILS MAY BE ENCLOSED. :
- i. Basic Pay with Scale of Pay & rate of increment
 - ii. Dearness Pay / Interim relief / other Allowances etc., (with break-up details)
 - iii. Total Emoluments
23. ARE YOU IN REVISED SCALE OF PAY? :
If yes, give the date from which the revision took place and also indicate the pre-revised scale
24. ADDITIONAL INFORMATION, IF ANY, WHICH YOU WOULD LIKE TO MENTION IN SUPPORT OF YOUR SUITABILITY FOR THE POST. :
(Enclose a separate sheet if the space is insufficient)
25. ANY OTHER RELEVANT INFORMATION OR ACHIEVEMENTS :
(Enclose a separate sheet if the space is insufficient)

DECLARATION BY THE CANDIDATE

I have carefully gone through the vacancy circular/advertisement and I am well aware that the information furnished in the curriculum Vitae duly supported by the documents in respect of essential qualification/work experience submitted by me will also be assessed by the Selection Committee at the time of selection for the post. The information/details provided by me are correct and true to the best of my knowledge and no material fact having a bearing on my selection has been suppressed/withheld. In the event of any information being found false/incorrect or ineligibility being detected before or after interview or selection, my candidature/appointment is liable to be rejected/terminated.

SIGNATURE OF THE CANDIDATE

PLACE :
 DATE :

CERTIFICATE BY THE EMPLOYER / CADRE CONTROLLING AUTHORITY

The information/details provided in the above application are true and correct as per the facts available on records. This Institute/Department/Organization has **No Objection** to his/her application being considered for the post of _____ on deputation basis for JIPMER, Puducherry. He/she possesses educational qualification and experience mentioned in the vacancy circular. If selected, He/She will be relieved immediately.

Also certified that:

- i. There is no vigilance or disciplinary case pending/contemplated against Shri/Smt.....
- ii. His/Her integrity is Integrity is beyond doubt.
- iii. His/Her ACR Dossier in original is enclosed and photocopies of the ACRs for the last 5 years duly attested are enclosed
- iv. No disciplinary case is either pending and contemplated against the officer and no penalty, major or minor, was imposed on him/her during the last 10 years.

SIGNATURE (with seal) :
 (Employer/Cadre Controlling Authority)

PLACE :
 DATE :

LIST OF ENCLOSURES

SL. NO.	PARTICULARS OF ENCLOSURES	ENCLOSED / NOT ENCLOSED
1.	Matriculation Certificate	
2.	PUC/+2 Certificate	
3.	UG Degree Certificate	
4.	PG Degree Certificate	
5.	Addl. Qualification if any	
6.	Attested copy of ACRs/APARs (Last Five Years)	
7.	Service certificate with pay scale	
8.	No Objection Certificate with Integrity Certificate recommended for appointment on deputation	
9.	Vigilance clearance certificate duly signed by an officer of the appropriate status and Certificate regarding no penalty for Major/Minor, was imposed if any on the officer during the last 10 years/service period whichever is less.	

SIGNATURE OF THE CANDIDATE