



JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH (JIPMER)

An Institute of National Importance under the Ministry of Health and Family Welfare, Govt. of India

Dhanwantri Nagar, Puducherry-6

www.jipmer.edu.in

Phone: 0413-2296019-20

Fax: 0413-2272067

Application for the Post of Project Associate II

For the DHR funded project

Print in A4 size paper and fill in with Block Letters with BLUE PEN

1. Name of the Applicant: _____

2. Father's Name: _____

3. Gender (Male/Female/other): _____

4. Date of Birth (dd/mm/yyyy): _____

5. 5 .Marital Status (Married/Unmarried): _____

Affix your recent
Passport size Photo

(Do not staple)

6. Age (as on 1st March 2024): _____ years _____ months _____ days

7. Nationality: _____

8. Address for Communication: _____

_____ PINCODE _____

9. Permanent Address: _____

_____ PINCODE _____

10. Mobile: _____ 11. Email ID: _____

11. Whether belongs to SC/ST/OBC/Physically Handicapped: _____

12. 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: _____



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13. Fields of Research Experience (if any): _____

14. Language Proficiency

Able to Read & Write	
Able to Converse only	

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

	Educational Qualification (from SSLC /Matriculation)	Board/University	Year of passing	% Marks	Subjects
1	Tenth Equivalent				
2	Higher Secondary				
3	Degree				
4	Post-graduation				
5	Diplomo/PG Diploma				
	Other qualifications				
6					
7					
8					



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16. Details of Previous Employment (if any): *(Please enclose proof of work)*

	Employer	Designation	From (date)	To (date)	Duration (yrs/mos/ days)	Nature of Work
1						
2						
3						

17. Any other relevant

information: _____

18. Check List: (Please tick as proof of enclosures) All Certificates must be attested and be attached in the following order:

- i. Certificate in support of age (Tenth equivalent/High School Certificate)**
- ii. Degree/Diploma**
- iii. Experience Certificate.....**
- iv. Any others (if any).....**

Declaration by the Applicant

I, ----- wish to apply for the above post and 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)