



सत्यमेव जयते

जवाहरलाल स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान
JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION & RESEARCH
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
(An Institution of National Importance under Ministry of Health & Family welfare, Govt. of India)
धन्वंतरि नगर, पुदुच्चेरी / Dhanvantari Nagar, Puducherry 605 006

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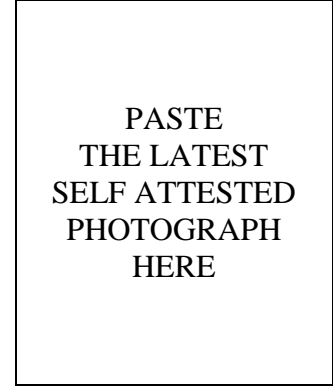
ANNEXURE – I



APPLICATION FORM

NOTE

1. TO AVOID ANY MIS-REPRESENTATION OR MIS-INTERPRETATION OF FACTS, THE APPLICATION MUST BE DULY TYPED / HANDWRITTEN, SUPPORTED WITH SELF-ATTESTED COPIES OF TESTIMONIALS.
2. BRIEF OF CANDIDATE TO BE SUBMITTED AS PER ANNEXURE – I



PASTE
THE LATEST
SELF ATTESTED
PHOTOGRAPH
HERE

NAME OF THE POST : _____

DEPARTMENT OF : _____

1. FULL NAME
(BLOCK LETTERS) : _____

2. FATHER'S/HUSBAND'S
NAME : _____

3. (A) MAILING ADDRESS : _____

PIN CODE : _____

MOB. NO. : _____

E-MAIL ID : _____

(B) PERMANENT ADDRESS : _____

PIN CODE : _____

MOB. NO. : _____

4. (A) DATE OF BIRTH : [] [] []
 {Date} {Month} {Year}

(B) AGE: [] [] []
(AS ON 18.01.2021) : {Years} {Months} {Days}

(C) Sex : Male / Female

(D) MARITAL STATUS : Married / Unmarried

5. CANDIDATE BELONGS TO
[Tick (✓) which is applicable] : **UR** **OBC** **SC** **ST**
(Attach attested copy of certificate in the proforma)

6. WHETHER CANDIDATE BELONGS TO PWD : **Yes / No**

7. STATE OF DOMICILE : _____

8. NATIONALITY : _____

9. RELIGION : _____

10. REGISTRATION NO. A) WITH THE MEDICAL COUNCIL OF INDIA : _____
(IF APPLICABLE)

B) STATE IN WHICH REGISTERED : _____

11. EDUCATIONAL QUALIFICATION : (Kindly attach attested copies of certificates / degrees in support of your qualifications)

(a) Under-Graduate

Examination Passed	Year of Passing	No. of attempts	Class / Division	University / Institution (with full address)
Matric / SSLC				
Intermediate / HSC				
M.B.B.S/ B.V.Sc				

(b) Post-Graduate

Examination Passed	Year of Passing	No. of attempts	Class / Division	University / Institution (with full address)
M.D/M.S				
D.M/M.Ch*				
M.Sc./ M.V.Sc.				
Ph.D.				

* Must indicate No. of years of the course (2yrs/3yrs/5yrs)

12. TEACHING/RESEARCH EXPERIENCE : (Please attach attested copies of experience Certificates)

A) Before obtaining Post-Graduate Qualification

Post held (indicate Temporary/ Permanent)	Period		Total period			Pay Scale	Employer's Address
	From	To	Yrs.	Mths.	Days		
TOTAL							

B) After obtaining Post-Graduate Qualification

Post held (indicate Temporary/ Permanent)	Period		Total period			Pay Scale	Employer's Address
	From	To	Yrs.	Mths.	Days		
TOTAL							

13. DETAILS OF PRIZES, MEDALS, SCHOLARSHIPS & NATIONAL / INTERNATIONAL AWARDS ETC. :

14. ADDITIONAL QUALIFICATION SUCH AS MEMBERSHIP OF SCIENTIFIC SOCIETY ETC. :

15. RESEARCH EXPERIENCE, IF ANY, TOGETHER WITH DETAILS OF PUBLISHED WORKS IN INDEXED JOURNALS :

NUMBER OF PAPERS

	Published		Accepted for publication	Presented at conference
	Indexed	Non Indexed		
NATIONAL :				
INTERNATIONAL :				

Please provide a list of all your scientific publications in chronological order providing details of articles including whether Original article/review/case report, indexed/non-indexed, impact factor and number of citations for the articles:

Sl. No.	Particulars of Article	Impact Factor	Citations
1			
2			
3			
4			
5			

16. CHAPTER IN BOOKS / BOOKS EDITED :

17. PRESENT EMPLOYMENT / POST HELD :

(A) PAY SCALE :

(B) TOTAL EMOLUMENTS DRAWN :

(C) COMPLETE ADDRESS OF PRESENT EMPLOYER. :

18. ARE YOU WILLING TO ACCEPT THE CONSOLIDATED PAY OFFERED? :

19. IF SELECTED, WHAT NOTICE PERIOD WOULD YOU REQUIRE BEFORE JOINING :

20. HAVE YOU BEEN OUTSIDE INDIA FOR ACADEMIC PURPOSE? IF SO, GIVE THE FOLLOWING INFORMATION

Country visited	Dates of Visit		Duration of Visit			Purpose of visit
	From	To	Yrs.	Mths.	Days	

21. STATE THE LANGUAGES KNOWN

SL. NO.	LANGUAGE	CAN READ	CAN WRITE	CAN SPEAK
(i)				
(ii)				
(iii)				

22. GIVE BELOW THE FULL DETAILS OF THE NAMES / PARTICULARS OF TWO REFERENCES FROM YOUR SPECIALITY WHO ARE IN A POSITION TO TESTIFY FROM PERSONAL KNOWLEDGE FOR YOUR FITNESS TO THE POST.

NOTE:

- (i) You should have worked with one of the references given below for at least one year (applicable for the post of Assistant Professor).
- (ii) They must not be related to you.

SL. NO.	NAME	DESIGNATION	ADDRESS
(i)			
(ii)			

23. I HAVE ATTACHED ATTESTED COPIES OF CERTIFICATES / DEGREES IN SUPPORT OF AGE, CATEGORY, QUALIFICATION AND EXPERIENCE ETC. AS PER LIST ENCLOSED **ANNEXURE-II**.
24. SELF-EVALUATION OF YOUR WORK, PARTICULARLY, STRENGTHS IN DIFFERENT FIELDS OF ACTIVITY INCLUDING PATIENT-CARE, TEACHING RESEARCH AND ADMINISTRATIVE, RELATED TO THE JOB, WHICH, IN YOUR VIEW, ENTITLES YOU TO THE POST APPLIED FOR MAY BE GIVEN IN **ANNEXURE-III**.

PLACE :

SIGNATURE OF THE CANDIDATE

DATE :

NOTE:

INCOMPLETE APPLICATION AND THE APPLICATION RECEIVED WITHOUT e-RECEIPT FOR FEE PAYMENT THROUGH SBI COLLECT OF THE REQUIRED AMOUNT WILL NOT BE ENTERTAINED.

SUBMIT ALONG WITH APPLICATION, ONE SELF-ATTESTED PHOTOCOPY OF THE DOCUMENTS REFERRED AT ANNEXURE-II

DECLARATION BY THE CANDIDATE

(Post applied for _____ on contract basis at JIPMER, Puducherry).

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I understand that my candidature is liable to be rejected in the event of any false information/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons thereof I am not aware of any circumstance which might impair my fitness for employment under the Government on contract basis.

PLACE :

SIGNATURE OF THE CANDIDATE

DATE :

ANNEXURE-II

LIST OF ENCLOSURES: (Required under Point No. 23 of the application)

SL. NO.	PARTICULARS OF ENCLOSURES	TICK (✓) IF ENCLOSED
1.	Birth Certificate	
2.	Matriculation (SSLC) & HSC Certificate	
3.	B.V.Sc/M.Sc Certificate	
4.	M.B.B.S. Certificate	
5.	M.D/M.S Certificate	
6.	D.M/M.Ch/ Ph.D./M.V.Sc. Certificate	
7.	Experience Certificate(s)	
8.	Community Certificate (SC / ST) (if applicable)	
9.	Registration & Additional Registration Certificate with MCI/NMC	
10.	NOC from present employer (if applicable)	
11.	e-Receipt for fee payment through SBI Collect	
12.	Any other relevant Certificate(s)	

**JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH
PUDUCHERRY 605 006.**
(An Institution of National Importance under the Ministry of Health & Family Welfare, Government of India)

Post applied for _____

SELF EVALUATION

(Required under Point No. 24 of the application)

DATE:

SIGNATURE OF CANDIDATE

JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH, PUDUCHERRY 605 006.
(An Institution of National Importance under the Ministry of Health & Family Welfare, Govt. of India)

BRIEF OF THE CANDIDATE

Paste the latest
Photograph here

Name				Category			Date of Birth			
Post Applied				Discipline			Age as on 18.01.2021	Years	Months	Days
Qualifications	Year of Passing	No. of attempts	Institution	Experience	Duration		Organization / Institution			
				Level/Designation	From	To				
Paper Published	Indexed	Non-Indexed	Accepted Publications	Presented at Conferences	Awards / Recognitions					
National										
International										
Total										
Chapter in Books :-				Any other information						
				Notice period required for joining						

Place:

Date:

SIGNATURE OF THE CANDIDATE

TABLE: 1

NAME	
POST APPLIED FOR	
DEPARTMENT	
D.O.B. & AGE AS ON 18.01.2021	
CATEGORY	
EDUCATIONAL QUALIFICATION	
TEACHING EXPERIENCE / WORK EXPERIENCE	
PRESENT PLACE OF WORK	

TABLE: 2 (if applicable)

PUBLICATIONS (BEST 5 NOS.)	