

JIPMER MD/MS Entrance Examination

January 2018 Session


Online Application User Interface

And


Process Flow Diagram

Step 1 : Registration

- Candidate must ensure that their mobile number is not registered with DND (Do Not Disturb) service.
- Login Credentials (User ID and Password) and Login Link will be sent to the registered Email and Mobile Number **after 5 minutes** post Registration.
- Candidate must check his/her Email Inbox, Junk mail and Spam after registration to get Login Credentials for complete Application process.



**JAWAHARLAL INSTITUTE OF POST-GRADUATE
MEDICAL EDUCATION & RESEARCH**
(An Institution of National Importance
Under Ministry of Health & Family Welfare, Government of India)




Registration form for JIPMER MD/MS Entrance Examination - January 2018 Session

Note: 1. Fields marked with * are mandatory.
2. Fill in the details and click on **Register** to proceed.
3. **Kindly use Internet Explorer(version 9 to 11) or Mozilla Firefox(14 to 51) or Google Chrome(20 to 56) to fill in the Registration Form.**
4. After successful registration you will receive User ID and Password to the registered Mobile number and Email ID.
5. Please read the Prospectus carefully before filling this Registration.
6. Login link will be sent to the registered Email ID.
7. Click on the login link to fill the application.

1 Personal Details

Note: The details should correspond to entry in any standard document issued by Government/School/College/University.

***Name of the Applicant**
(First Name) (Middle Name) (Last Name/Initial)

***Date of Birth (dd/mm/yyyy)** 


***Mobile Number**


***Confirm Mobile Number**

***Email Id**


***Confirm Email Id**

Please enter the letters displayed in the image below.
If the image is not clear, click on "Can't read the text? Get a new image"



Get New Image 

Type the text shown in the image above.
Enter 7 characters. No spaces.
No special characters.

Help 

Fill in all the details
and Click here to
Register

Version 12.03.00



Step 2 : Login

- Click on the login link received via Email.
- Enter the User ID and Password to login.

Login Screen:



सत्यमेव जयते

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LOGIN

User Login

Enter the User ID here

*User Id

*Password


Enter the Password here

Login


Version 12.03.00

Step 3 : Click “Edit” to fill the Application Form

- Click on the “Edit” button which is available at the right top corner.
- Fill in all the details and click submit to proceed.


सत्यमेव जयते

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[Edit](#) [Logout](#)

Click on “Edit” button to fill the application form


Registration Details

Applicant Details


Application Number:
Name of The Candidate:
Date of Birth(dd/mm/yyyy):
Mobile No:
Email Address:

Version 12.03.00

Application Screen



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Application form for JIPMER MD/MS Entrance Examination - January 2018 Session

Note: **Ke** only use internet Explorer(version 9 to 11) or Mozilla Firefox(14 to 31) or Google Chrome(28 to 34) to fill in the Application Form. **the** Mouse to move between fields for entry of data instead of using Tab Key.

- Fields marked with * are mandatory.
- Fill in the details and click on **Submit** to proceed.
- Please read the prospectus carefully before filling this application.
- No changes will be entertained, after this form is submitted.
- No refund will be made under any circumstances for the submitted application.
- Please keep a printout of the application summary for your future reference.

1 Personal Details

Personal Details

Note: The details should correspond to entry in any standard document issued by Government/School/College/University.

*Name of the Applicant (First Name) (Middle Name) (Last Name/Surname)

*Son/Daughter of (First Name) (Middle Name) (Last Name/Surname)

Note: The date of birth should correspond to the entry in 10th Standard Marksheet/Certificate.

*Gender Male Female Transgender *Whether OPI Yes No

*Date of Birth (dd/mm/yyyy) *Nationality --Select--

Candidate's ID Proof & Category details

Note: For filling this application form, you need to have any one of the below listed mandatory ID Proofs (i.e. Passport or Aadhaar Card with Photograph)

Note: 1.The candidates who are belong to Scheduled Caste (SC), Scheduled Tribe (ST) and Orthopedic/Physically Handicapped (OPI) categories should produce/submit their Caste Certificate (or) STN Certificate during the time of Examination and Admission.
2.The candidate will be cancelled or will not be allowed to write the examination if the Caste Certificate (or) OPI Certificate is not submitted during the Examination and Admission.

*ID Proof --Select-- *ID Proof no.

*Are you an Indian Candidate (Governed by Govt of India/State/Central Government) (OCI) Foreign National Candidate --Select--

Qualification Details

*Are you a Graduate (MBBS degree) from JIPMER? Yes No

*MBBS degree Recognized by MCI? Yes No

Name of State Medical Council

*Name of college (MBBS)

*Aggregate % of Marks (Overall)

*Date/Completed date of completion of Internship Training

*Service Candidate Yes No

*Medical Council Registration Number

*Name of University (MCI)

*Class/Grade

*Month and Year of joining MBBS --Select-- --Select--

Other Details

*Parent's Educational Background --Select--

*Parent's/Guardian's Occupation

*Parent's Annual Income --Select--

Present Address

*Address Line 1

Address Line 2

Address Line 3

*State --Select--

*Town/City --Select--

*Pin code

*Mobile No.

*Confirm Mobile No.

*Email Address

*Confirm Email Address

Telephone No. STD Code Telephone No.

*Permanent Address Same as Present Address? Yes No

Permanent Address

*Address Line 1

Address Line 2

Address Line 3

*State --Select--

*Town/City --Select--

*Pin code

*Mobile No.

*Confirm Mobile No.

*Email Address

*Confirm Email Address

Telephone No. STD Code Telephone No.

Exam City Preference

Note: The Exam City preference is only indicative and subject to change. Jawaharlal Institute of Postgraduate Medical Education & Research retains the final decision on the same and its allotment. **If the Exam Seats are unavailable in above chosen 3 Exam Cities, Nearby exam cities will be considered.**

*Preferred Exam City Option 1: --Select--

*Preferred Exam City Option 2: --Select--


*Preferred Exam City Option 3: --Select--

Upload Scanned Copies

*Please upload scanned copies of your photos/signature here

*Amount + Transaction Charges

Note: Application Form cannot be edited once submitted.



Declaration

I hereby declare that I have carefully read the Prospectus and the Non-Closure agreement in Page No.19 of the prospectus. All the particulars stated in this application form are true and correct to the best of my knowledge and belief. If any of these information provided is found false/incorrect, I shall abide by the rules and decisions taken by the Jawaharlal Institute of Postgraduate Medical Education & Research.

I Agree

Version 12.03.06

Select your Category here

Upload Photo and Signature by clicking "here"

Click "I Agree" after reading the Declaration

Click "Submit" after filling all the mandatory details

Click "Preview" to view the actual application

Final Application Page

Thanks for submitting your Application Form 49 which can be used for all future correspondence.
Transaction No: Amount

Print Form Logout



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Application Form

Click "Print Form" to print the application form

Personal Details

Application Number:
Name of Applicant:
Son/Daughter of:
Gender:
Whether OPH:
Date Of Birth:
Resident Indian National:

Candidate Photo

Candidate's ID Proof & Category details

ID Proof:
ID Proof no:
Are you an Indian Candidate Sponsored by Govt (State/Central /Services) [OR] a Foreign National Candidate:
Discipline:
No. of years of Govt. Service:
Name of Sponsoring Authority:

Qualification Details

Are you a Graduate (MBBS degree) from JIPMER:
MBBS Degree Recognized by MCI:
Service Candidate:
Name of State Medical Council:
MBBS Registration Number:
Name of college(MBBS):
Name of University(MBBS):
Aggregate % of Marks:
Class/Grade:
Month and Year of passing MBBS

Other Details

Parent's Educational Background:
Parent's Occupation:
Parent's Annual Income:

Present Address Details

Address Line 1:
Address Line 2:
Address Line 3:
Town/City:
Other City Name:
State:
Other State Name:
Pincode:
Mobile No:
Email ID:

Permanent Address Details

Address Line 1:
Address Line 2:
Address Line 3:
Town/City:
Other City Name:
State:
Other State Name:
Pincode:
Mobile No:
Email ID:

Exam City Preference Details

Preferred Exam City Option 1:
Preferred Exam City Option 2:
Preferred Exam City Option 3:

Payment Details

Amount:

Declaration

I hereby declare that I have carefully read the Prospectus and the Non-Disclosure agreement in Page No.19 of the prospectus. All the particulars stated in this application form are true and correct to the best of my knowledge and belief. If any of these information provided is found false/ incorrect, I shall abide by the actions and decisions taken by the Jawaharlal Institute of Postgraduate Medical Education & Research.

Signature

Candidate Signature