ANNEXURE

Proforma of application for the post **Patient Navigator** at RCC, Jawaharlal Institute of Postgraduate Medical Education & Research, Puducherry– 6.

Affix Passport Size Photograph

Self Attested by the candidate

1 Name in **Block letters** :

2 Father's name :

3 Date of birth and Age : **Age:**

4 Sex : **Male** ☐ **Female** ☐

5 Nationality :

6 **Address** for **communication** including Pin code, **in caps** with Telephone No:, if any

P I N C O D E :																			
Ph. No:																			
E-Mail:																			

7 Educational qualifications from Matriculation /SSLC:

Sl. No.	Educational Qualification (From HSC)	Subjects	Marks Obtained	Year of Passing	Name of the Board of University
1					
2					
3					

8 Experience

Sl. No.	Office Address	Post held	From	To	No. of years and months (Experience)	Whether Regular / Temporary

9 List of self attested copies of testimonials:

Declaration

I _____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 appointment. I will abide the same and I will not claim any regularisation.

Place :
Date :

Signature of the Candidate