


**JIPMER MBBS Entrance
Examination 2017**


**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. Please wait until you receive the SMS and Email.
- 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 MBBS Entrance Examination 2017


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

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

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



LOGIN

User Login **Enter the User ID here**

Enter the Password here

*User Id

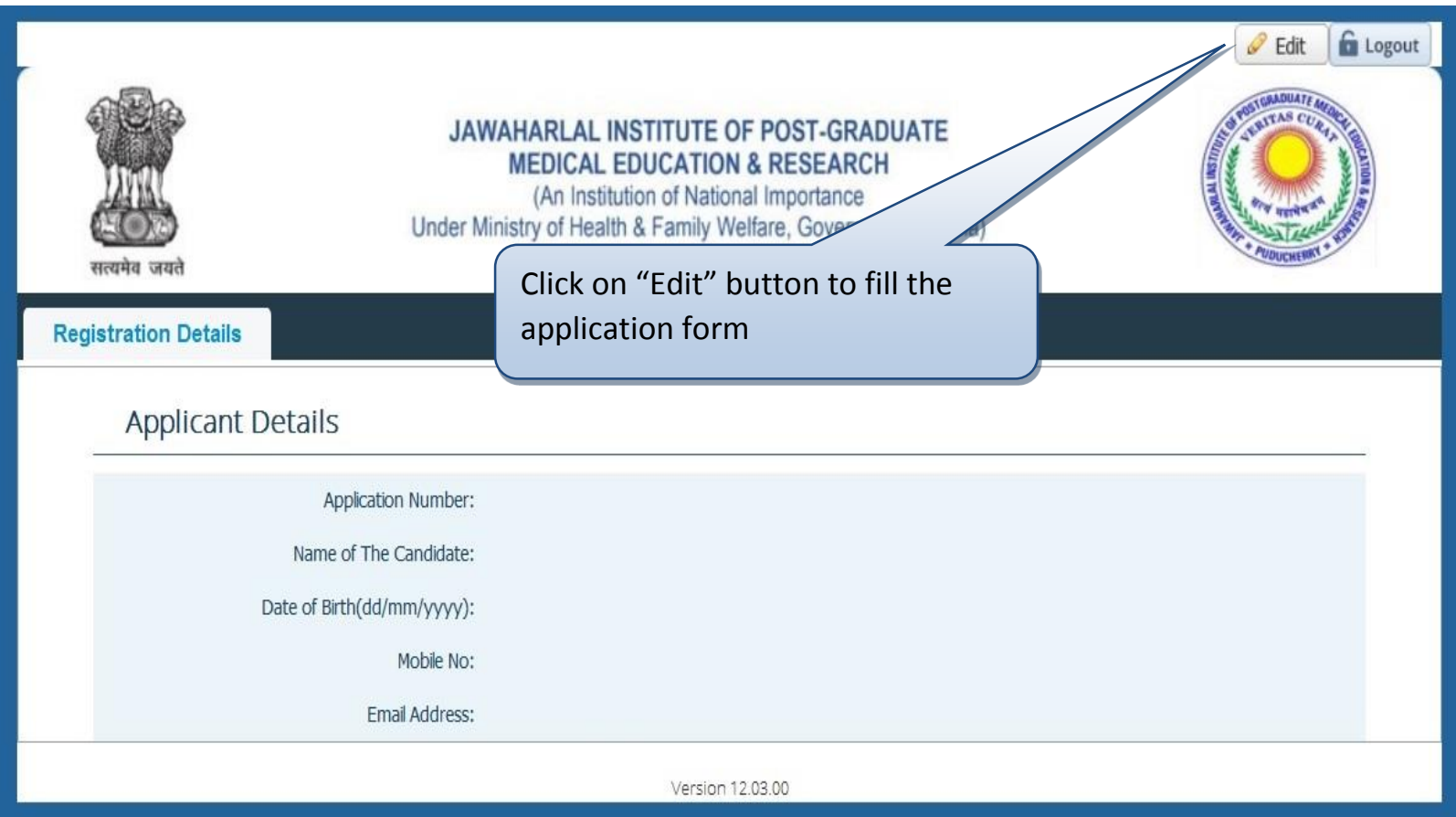
*Password


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

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



[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



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



Application Form for JIPMER MBBS Entrance Examination 2017

Note: 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
Use Mouse to move between fields for entry of data instead of using Tab Key.
1. Fields marked with * are mandatory.
2. Fill in the details and click on Submit to proceed.
3. Please read the Prospectus carefully before filling this application.
4. No changes will be entertained, after this form is submitted.
5. No refund will be made under any circumstances for the submitted application.
6. Please keep a printout of the application summary for your future reference.

1 Personal Information

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)

*Father's Name
(First Name) (Middle Name) (Last Name/Initial)

*Mother's Name
(First Name) (Middle Name) (Last Name/Initial)

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

*Sex Male Female Transgender *Category

*Date of Birth

*Putucherry resident Yes No *Nationality

*Whether OPH Yes No

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

*ID Proof *ID Proof no

Qualification Details

Standard	Status	Subject	Name of School/College/Institute	School/College/Institute City
12th	<input type="text" value="--Select--"/>	<input type="text" value="--Select--"/>	<input type="text" value=""/>	<input type="text" value=""/>

Name of the Board/University	Month and Year of Passing/Appeared	Percentage
<input type="text" value="--Select--"/>	<input type="text" value="--Select--"/>	<input type="text" value="--Select--"/>

Other Details

*Parent's Educational Background

*Parent's/Guardian's Occupation

*Specify Occupation

*Parent's Annual Income

Present address/Correspondence address

*Address Line 1
Address Line 2
Address Line 3

*State

*Town/City

*Pin code

*Mobile No
*Confirm Mobile No

*Email Address
*Confirms Email Address

Telephone No. STD Code Telephone No.

*Is your Permanent Address same as Present address/Correspondence address? Yes 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 chosen 3 Exam Cities, nearby exam cities will be considered.

*Preferred Exam City Option 1:

*Preferred Exam City Option 2:

*Preferred Exam City Option 3:


Upload Scanned Copies

*Please upload scanned copies of your photo/signature [here](#)

Declaration

I have carefully read the instructions and all the particulars stated in this application form are true and correct to the best of my knowledge and the veracity 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.

I hereby declare that I have read the Non-Disclosure agreement in Page No.18 of the prospectus.



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

I Agree

Enter your Qualification details here

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 before submission

Final Application Page

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



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



Print Form Logout

Click here to Logout from the Login/Application page

Application ...

Personal Details

Application Number :
Name of The Candidate:
Father's Name:
Mother's Name:
Date of Birth:
Whether OPH:
Sex:
Nationality:
Hours of practical biology at High School level:
Puducherry resident:
ID Proof:
ID Proof No:
Email ID:
Category:
Mobile No:

Candidate Photo

Click "Print Form" to print the application form

Qualification Details

Status:
Subject:
Name of School/College:
School/College City:
Name of the Board/University:
Month of Passing:
Year of Passing:
Percentage:

Other Details

Parent's Educational Background:
Parent's/Gaurdian's Occupation:
Parent's/Gaurdian's Specific Occupation:
Parent's Annual Income:

Present Address

Address Line 1:
Address Line 2:
Address Line 3:
State:
City:
Pin code:

Permanent Address - to be used for verification

Address Line 1:
Address Line 2:
Address Line 3:
State:
City:
Pin code:

Exam City Preference

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

Declaration

I hereby declare that I have carefully read the instructions and 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.

I hereby declare that I have read the Non-Disclosure agreement in Page No.18 of the prospectus.

Candidate Signature