Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER)

(An Institution of National Importance Under the Ministry of Health, Government of India)

Application for the Post of ***JUNIOR RESEARCH FELLOW***

DST-SERB funded project (Contractual Basis)

Fill in with Block Letters – Printed in A4 size paper

2. Affix your recent Passport size Photo *(Do not staple)*

1. Name of the Applicant :_____

3. Father's Name :_____

4. Gender (*Male / Female*):_____

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

6. Age (*as on 28th August 2019*): _____*years* _____*months* _____*days*

7. Nationality:_____

8. Address for Communication :_____

_____

_____PINCODE:_____

9. Permanent Address :_____

_____

_____ PINCODE:_____

10. Mobile :_____ 11. Email ID : _____

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

13. 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: _____

14. Publications (*Mention the two of your Publications you consider as most important / relevant*)

	Author(s)	***Title***	***Journal***	***Vol. pp. yr***	***Indexed by***
1					
2					

15. Fields of Research Experience: _____

_____

16. Educational Qualifications: (*Enclose self-attested photocopies*)

	Educational Qualification (from SSLC / Matriculation)	Board / University	Mon / Year of Passing	Percent of Marks (or Percentile)	Subject(s)
1	Tenth Equivalent				
2	12^{th}				
3	UG Degree				
4	PG Degree				
5	NET Qualification				
6	Any other (specify)				

17. Details of Previous Employment (if any) :

	Employer	Designation	From	To	Duration	Regular / Temporary
1						
2						

18. Reference letters / Testimonials :

A._____

B._____

19. Résumé attached (*YES / NO*) : _____

20. Achievements / Awards / Honours or Any other relevant information : _____

Declaration by the Applicant

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 the appointment. I will abide the same and I will not claim any regularization.

Place:_____ _____

Date:_____ (*Signature of the Applicant*)