



JAWAHARLAL INSTITUTE OF POST GRADUATE MEDICAL EDUCATION AND RESEARCH (JIPMER)

An Institute of National Importance under the Ministry of Health and Family Welfare, Govt. of India

Dhanwantri Nagar, Puducherry-6

www.jipmer.edu.in

Phone: 0413-2296019-20

Fax: 0413-2272067

Department of Medical Oncology

No.JIP/MEDONC/JAL/2021

Date: 06-02-2021

Recruitment Notice

Applications are invited by the HOD, **Department of Medical Oncology, JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH (JIPMER)**, Pondicherry from candidates fulfilling the following eligibility conditions to work as "**Patient Counsellor**" on contract basis.

No. of Posts

1. Patient Counsellor - 1 post

Selected candidates will be engaged on a contract basis (for a period of 6 months may extendable) in a project titled: **JAL FOUNDATION**.

Interested and eligible candidates may email their CV and supporting documents scanned in one pdf to the mail ID: jipmedoncorec@gmail.com

Please mention the name of the post applied. Application form must be filled, scanned and sent along with supporting documents in a single PDF file to the above email ID. The PDF file should be named as:

- Patient counsellor: "candidate name_PC_JAL_application"

Last Date for sending applications and CV by email is 21.02.2021 up to 5 PM.

Note: Application not in mentioned prescribed format will be strictly rejected. Please see attached format and make your applications in the specific format. CV not in the specific formats will not be accepted. Please print the format fill the document and scan and send to us as a single pdf file.

Candidates have to directly apply to us. No applications routed through any external agency will be accepted.

Candidates will be shortlisted based on their application and CV. The shortlisted candidates will receive an email confirmation which will also include details of the selection process which will have written test as well as interview. The details will also be displayed on the JIPMER website. Selection will be based on written test and interview. The dates will be intimated to candidates who satisfy the eligibility criteria



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Eligibility Criteria

Patient Counsellor:

A. Essential:

- Graduate with experience in social working/1 year experience in hospital setting involving patient care.

B. Desirable

- Ability to converse and read Tamil language
- MSW (Medical and psychiatry)

C. Contractual Remuneration: RS.16, 500/- (consolidated) per month

D. Maximum Age Limit: 35 years

Dr. Prasanna Ganesan
71574 (TNMC) Addl. Prof
Medical Oncology, JIPMER



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Terms and Conditions:

1. This position will be purely on temporary/contractual basis for the specified period of time and based on project. The engagement may be extended or curtailed at the discretion of the Director.
2. The current recruitment will be for 6 months and contract will be renewed depending On the performance of the candidate.
3. The Posts are purely on contract basis for an external sponsored project, and no claim for any regular post in JIPMER shall be entertained.
4. Valid email id and mobile number is compulsory.
5. Consolidated salary of the post may vary from time to time. NO other allowance/facilities other than consolidated salary shall be extended.
6. Decision of the principal investigator will be final.
7. No TA/DA will be paid for the interview.
8. Canvassing of any kind will lead to disqualification.
9. Submission of wrong or false information during the process of selection shall disqualify the candidature at any stage.
10. Only shortlisted candidates will be called for Interview.
11. Incomplete applications will be summarily rejected without assigning any reasons thereof.



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Application for the Post of Patient Counsellor

For JAL Foundation

Print in A4m size paper and fill in with Block Letters with BLUE PEN

1. Name of the Applicant:

2. Father's Name:

3. Gender (Male/Female/other):

4. Date of Birth (dd/mm/yyyy):

5. Marital Status (Married/Unmarried): _____

6. Age (as on date of advertisement): Years ___ Months ___ days

7. Nationality:

8. Address for Communication:

.....

PINCODE

9. Permanent Address:

.....

PINCODE:

10. Mobile:

11. Email ID:

12. 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:

Affix your recent
Passport size Photo
(Do not staple)



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15. Language Proficiency

Able to Read & Write	
Able to Converse only	

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

	Educational Qualification (from SSLC /Matriculation)	Board/University	Year of Passing	% Marks	Subjects
1	Tenth Equivalent				
2	Higher Secondary				
3	Degree				
4	Post-graduation				
5	Other qualifications				
6					
7					
8					
9					



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17. Details of Previous Employment (if any): *(Pls attach PDFs of proof of work)*

	Employer	Designation	From (date)	To (date)	Duration (yrs, month, days)	Nature of Work
1						
2						
3						
4						
5						
6						

18. Please describe in less than 500 words about your experience working in the hospital setting.



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19. Any other relevant information: _____

20. Please provide contact information /email and telephone number of your previous employer whom we can contact regarding your previous/ current work.

(Please intimate your previous employer(s) that they may be receiving calls from us regarding this and obtain their permission)

I accept enquiries about my previous work with my earlier employer(s)
Yes/No _____

Contact information of previous employer(s)

Name	Designation	Company /Organization Name	Phone	Email ID

21 Check List: (Please tick as proof of enclosures) All Certificates must be attested and be attached in the following order:

- i. Proof of Indian nationality (copy of aadhaar /voter Id passport driving license)
- ii. Certificate in support of age (Tenth equivalent/High School Certificate)
- iii. Degree/Diploma.....
- iv. Experience Certificate.....
- v. Any others (if any)

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Declaration by the Applicant

Application/or the post of Patient counsellor for JAL Foundation
Print in A4m size paper and fill in with Block Letters with BLUE PEN

I..... wish to apply for the above post and 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:

(Signature of the Applicant)

Date:

NAME: in block letter