

ஜவஹர்லால் மருத்துவ பட்டமேற்படிப்பு மற்றும் ஆராய்ச்சி நிறுவனம்

जवाहरलाल स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान

JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION & RESEARCH

நடுவண் சுகாதாரம் மற்றும் குடும்ப நல அமைச்சகத்தின் கீழ் தேசிய முக்கியத்துவம் வாய்ந்த நிறுவனம்

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)

(An Institution of National Importance under Ministry of Health & Family Welfare)

இந்திய அரசு, தன்வந்திரி நகர், புதுச்சேரி

भारत सरकार / GOVERNMENT OF INDIA, धन्वन्तरी नगर, पुदुच्चेरी / Dhanvantri Nagar, Puducherry- 605 006.

Website: www.jipmer.edu.in

Phone: 0413 – 2296561

DEPARTMENT OF EMERGENCY MEDICINE & TRAUMA



सत्यमेव जयते



No. JIP/EM&T/F-MA/ICMR-APMBProject/2024/N01A

APPLICATION FOR THE POST OF DATA ENTRY OPERATOR GRADE-B

For the Project: A state level gap assessment and strengthening of current status of care given to patients presenting with acute poisoning in primary and tertiary care centers of Puducherry.

Print in A4 size paper and fill in with Block Letters with BLUE PEN

Applicant's name		Affix your recent passport size photo (Do not staple)
Father's name		
Date of birth (dd/mm/yyyy)		
Age on last dates for application	___ y, ___ mo., ___ d	
Sex (male/female/other)		
Married/unmarried		
Nationality		
Religion		
Whether SC/ST/OBC		(please attach proof)
Communication address (including PIN)		
Mobile number		
Email ID		

Have you ever been convicted by a court of law or is any criminal case / disciplinary action/vigilance enquiry pending against you? If yes, provide/attach details.	
Language proficiency	Converse
	Read
	Write

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

Qualifications (from SSLC/Matriculation onwards)		Board/University	Year of Passing	% Marks	Subjects
1	Tenth or equivalent				
2	Higher Secondary				
3					
4					
5					
6					
7					

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

	Employer	Designation	From (date)	To (date)	Duration (yrs, mos, days)	Nature of duties
1						
2						

3						
4						
5						
6						

(The PI may retain/delete the items below -- depending on the nature of the post/work):

16. Optional sections (You can include here question for any additional information you may wish to collect -- depending on the nature of the post/work. Some indicative items are shown below but you may modify as per your wish before you submit it to Dean R for approval).

- A. Please describe your experience in up to 500 words

- B. Fields of Research Experience / Paper submission in national level conference or publications (if any)

- C. The project work involves travel to the field/other centers for the study. Will you be willing for the same (Yes/No): _____

- D. Any other relevant information: _____

Please provide contact information /email and telephone number of your previous employer whom we can contact regarding your previous/ current work.(Please inform and the persons you list below that they may be receiving calls from us regarding this position, and obtain their permission to mention their names)

I accept enquires 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

Check List: (Please tick against those enclosed)

All Certificates must be self-attested and attached in the following order:

Proof of Identity (Copy of Aadhaar card/ Voter ID / Passport /Driving License)	
Certificate in support of age (Tenth equivalent / High School Certificate)	
Degrees/Diplomas	
Experience certificates	
Any others (if relevant; specify)	

DECLARATION BY THE APPLICANT

Application for the post of: (NAME OF THE POST)

I, _____, wish to apply for the above contract post in an extramural research project, and hereby declare that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief. I understand that if any information is found false, incorrect or ineligible and detected before or after the selection process, my candidature or employment will be terminated. Further, I declare that I have gone through the terms and conditions of the appointment. I will abide by the same and I understand that through applying, qualifying or engagement on this position, I will have no claim against any regular position at JIPMER.

Place:

Date:

(Signature of the Applicant)

NAME (in block letters) :