



सत्यमेव जयते

जवाहरलाल स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान
**JAWAHARLAL INSTITUTE OF POST GRADUATE
MEDICAL EDUCATION & RESEARCH**

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
(An Institution of National Importance under Ministry of Health &
Family welfare)

धन्वंतरी नगर, पुदुच्चेरी/ **Dhanvantari Nagar, Puducherry- 605 006**

Website. www.Jipmer.edu.in



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No. Admin-I/SR/1/10/2019

Dated: 05-12-2019

**RECRUITMENT TO THE POST OF SENIOR RESIDENT ON REGULAR
BASIS BY WALK-IN- INTERVIEW FOR JIPMER - PUDUCHERRY**

Applications are invited by the Director, JIPMER from eligible Indian candidates for filling up one post of **SENIOR RESIDENT (tenure post for duration of three years)** in the Dentistry department by **Walk-in-interview** which is scheduled to be held on **07.01.2020**. Hence, in order to fill up vacancy as possible to render optimal patient-care services.

Sl.No	Department	Earmarked for					Total Vacant
		UR	OBC	SC	EWS	ST	
1	Dentistry	0	1	0	0	0	1
TOTAL		0	1	0	0	0	1

PAY SCALE:-

The candidates with Postgraduate Medical Degree recognized by the Medical Council of India will be paid **B/Pay Rs.67700/ (Level -11 and Cell-1)** (Revised) and other usual allowances per month in the first year of his/her residency. (**Total Rs.1,10,000/-** approximately)

ESSENTIAL QUALIFICATIONS:-

A MCI recognized postgraduate Medical degree viz. MDS (Oral and Maxillofacial Surgery) from a recognized University/Institute.

Age Limit for appointment as Senior Residents:-

- **Not exceeding 37 years for those having Post Graduate qualification.** with usual relaxation as per rules.

DETAILS OF APPLICATIONS FEES:-

Application Fee is Rs.500/-. Fee exempted in case of candidates applying under PwDs (Persons with Disability) Candidates.

Kindly note that in addition to the application fee, service charge for making online payment will be deducted as per the norms of Bank.

The application fee once remitted will not be refunded at any circumstances.

MODE OF PAYMENT (Only online payment through SBI collect):-

The mode of payment will be made only through SBI Collect (Online Payment) & No other mode of payment (DD/Cheque/MO/IPO/CRF/Cash etc) will be entertained.

HOW TO MAKE PAYMENT:-

1. Go to the JIPMER Website Home Page i.e **www.jipmer.edu.in**
2. **Click Online Payment**
3. **SBI Collect Page will appear**
4. Click on the Check box mentioned as "I have read and accepted the terms and conditions stated above".
5. Click on **PROCEED**
6. Select **RESIDENT RECRUITMENT FEE** from the drop down list of select payment category and fill the following details carefully
 - Notification No. : **Admin-I/SR/1/10/2019**
 - Date and month of Notification : **05-12-2019**
 - Name of the Applicant :
 - Date of Birth :
 - Name of the Post (from the drop down list): **SENIOR RESIDENT**
 - Name of the department : **DENTISTRY**
 - Educational Qualification :
 - Category of the Applicant (from the drop down list):
 - Contact No :
 - Email :
 - Communication Address :
 - Application Fee (from the drop down list i.e. Rs. 500 for OBC)
7. Select **SUBMIT** and proceed for online payment.
8. **Save the payment copy and the same should be submitted along-with the application for reconciliation at the time of Walk-in interview.**

SCHEDULE OF WRITTEN TEST/INTERVIEW:-

Selection of candidates will be based on written test followed by Personal Interview on the same day. Interested and eligible candidates may attend the Written Test and Interview which is to be **scheduled at 08.30.A.M on 07-01-2020 (TUESDAY) at INNOVATION CENTRE, GROUND FLOOR, ADMINISTRATIVE BLOCK, JIPMER, PUDUCHERRY-06**, along with:

- i) Filled in application & Bio-Data in the prescribed format (appended)
- ii) **Original Certificates** with one set of Self-attested copy thereof and
- iii) Copy of the printout of **fees paid through online.**

List of Original Certificates

1. Age proof certificate (Birth certificate/10th/12th Mark sheet)
2. BDS Provisional/Degree certificate
3. MDS (Degree/Provisional Certificate)
4. Dental Council Registration Certificate (BDS/MDS)
5. Internship Completion Certificate.
6. Conduct and Character certificate from the Institution/College where he/she completed his/her PG study.
7. Identify certificate as per **Annexure -I**.
8. Residence certificate issued by Revenue authority not below the rank of Tahsildhar/Dy.Tahsildhar or Aadhar card/voter ID/Passport.
9. Latest OBC (Non-Creamy Layer) Certificate issued by the Revenue Officer not below the rank of Thasildar/ Dy Thasildar. In case the certificate is in regional language, the English version of the certificate duly attested by a Gazetted Officer is also to be furnished.
10. OBC (NCL) certificate must be in the format as mentioned in the **Annexure-II**. Certificate to be produce at the time of interview should not be older than one year on date of interview.
11. The candidates who are in service in any Govt. Hospital /Institutions are required to submit **"No objection Certificate"** from the present employer. (**Annexure-III**)

SELECTION PROCEDURE: -

1. A written Examination based on **MCQs in the subject concerned** will be conducted for eligible candidates followed by personal interview.
2. **Candidates will be shortlisted for interview based on their written test marks. List of short listed candidates will be displayed in our notice board on the same day. In this regard, this Institute reserves the right to take the final decision.**
3. Selection process for the post of Senior Resident will include a **written examination (80%) and review of academic, research credentials including publications academic awards, research paper, presentation in conferences and performance in personal interview (20%)**.

General Information:-

1. If candidate is employed under the State or Central Govt. or PSU/Autonomous body, applicants are required to produce NOC from competent authority, failing which they will not be allowed to appear for interview under any circumstances.
2. Applicants should not be completed 03 years Senior Residency under Residency Scheme in any recognized institute including regular or Ad-hoc/Contract basis.
3. Canvassing in any form will disqualify the candidate.
4. Crucial date for determination of eligibility with regards to age experience/ educational qualification etc. **will be the date of the candidates appears for interview.**

5. **Candidates who does not fulfill any one of the conditions, will not be allowed to appear for the written test. They have to ensure that they fulfill the eligibility criteria before coming to appear for the walk- in- interview.**
6. No travelling allowance will be paid by this Office for attending the Interview.
7. **All information pertaining to this advertisement including date of Interview, result, joining etc. will be displayed only on the JIPMER, Puducherry website which is www.jipmer.edu.in only.**
8. **No individual intimation will be sent by JIPMER, Puducherry to applicants. It will be the responsibility of applicants to keep abreast of the developments by visiting Institute website www.jipmer.edu.in regularly.**
9. **The vacancy position may be revised / changed, as per requirement hence candidates are advised to visit Institute website regularly.**
10. In case any information given or declaration by the candidate is found to be false or if the candidate has willfully suppressed any material information relevant to this appointment, he/she will be liable to be removed from the service and action taken as deemed fit by the appointing authority.

DIRECTOR

9. Educational/Academic/Technical/Professional Qualifications (Attach proof):-

Examination Passed	Subject	Name of College/Institution	Name of University	Year of Passing with % of Marks	No. of attempts
BDS					
MDS (Oral and Maxillofacial Surgery)					

*** Please attach proof of Recognition of BDS/MDS degree by Medical Council of India. Candidates possessing Degree/PG degree not recognized by MCI will not be allowed to appear for interview.**

10. No. of papers published:

National International

11. Details of prizes, Medals, Scholarships & National/ International Awards and Additional Qualification such as members of scientific society etc.

12. Chronological details of up to date appointment after obtaining postgraduate qualification (attach experience certificate)

Post held	From	To	Organisation/Employer's Name & Address

13. (a) Central/State Dental Council with which the applicant is registered (attach proof) :

(b) UG/PG Dental Registration Number :

14. Permanent Address	15. Correspondence Address:
Pin Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Pin Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile No:	Mobile No:
E. Mail I.D.:	E. Mail I.D.:

DECLARATION to be signed by the candidate

I hereby declare that I am an Indian National and all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my appointment will be liable to be terminated without any reason or prior notice. I also understand that in case of my final selection, my appointment will be provisional subject to satisfactory police and document verification.

Date: _____

Place: _____

(Signature of the applicant)

CHECK LIST FOR THE POST OF SENIOR RESIDENT ON REGULAR BASIS-DENTISTRY

(Put a cross (X) wherever applicable)

1. Application duly signed :
2. Passport size photograph affixed and self-attested :
3. Age proof certificate (Birth certificate/10th/12th Mark sheet) :
4. Degree/Provisional Certificate for BDS & Internship completion Certificate attached :
5. Degree/Provisional Certificate for MDS :
6. Dental Registration (UG & PG) Certificate attached:
7. Character Certificate attached :
8. Identify Certificate attached
9. Online payment copy attached :
10. No Objection Certificate from the present employer : Employer (if applicable)
11. OBC (NCL) certificate attached :
12. Residency proof certificate attached or Voter ID/Aadhar Card copy to be attached :
13. Self-declaration :
14. Bio-Data attached :

Signature of the Candidate: _____

Date : _____

BIO-DATA

Name of the Department : DENTISTRY
(to be filled by candidate)

1. Applicant's Name (in **BLOCK LETTERS**):-
2. Father's Name :-
3. Date of Birth of Applicant :-
4. Educational/Academic/Technical/Professional Qualifications:-

Examination Passed	Subject	Name of College/ Institution	Name of University	Year of Passing with % of Marks	No. of attempts
BDS					
MDS (Oral and Maxillofacial Surgery)					

05. No. of papers published:-

National

International

06. Details of prizes,

1. Medals :

2. Scholarships :

3. National/ International Awards and additional qualification such as membership of scientific societies etc.

07. Any other information of meritorious nature.

Date: _____

Place: _____

(Signature of the applicant)

IDENTITY CERTIFICATE

(CERTIFICATE TO BE SIGNED BY ANY OF THE FOLLOWING)

- i. Gazetted Officer of Central or State Government.
- ii. Member of Parliament or State Legislature belonging to the constituency where the candidate or his/her parent/guardian is ordinarily resident.
- iii. Sub-Divisional Magistrate/Officers.
- iv. Tashildars or Naik/Deputy Tahsildars authorised to exercise magisterial powers.
- v. Principal/Headmaster of the recognized School/College/Institution where the candidate studies last.
- vi. Block Development Officers.
- vii. Postmasters.
- viii. Panchayat Inspectors.

CERTIFIED that I have known Shri./ Smt. /Miss. /Dr. _____

Son / Daughter / Wife of Shri. /Dr. _____ for the last
_____ years _____ months and to the best of my knowledge and belief the
particulars furnished by him/her are correct.

STATION :

SIGNATURE:

DATE :

DESIGNATION OR STATUS:

ADDRESS:

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES
APPLYING FOR APPOINTMENT TO POST UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri / Smt. / Kum*son /
daughter of shriof village / town.....in
District in state belongs tocommunity
which is recognized as a backward class under :-

- (1) Resolution No.12011/68/93-BCC© dated 10th September 1993, published in the Gazette of India - Extraordinary - part 1, Section 1, No.186 dated 13th September 1993.
- (2) Resolution No.12011/9/94-BCC dated 19th October 1994, published in the Gazette of India - Extraordinary - part 1, Section 1, No.163, dated 20th October 1994.
- (3) Resolution No.12011/7/95-BCC, dated 24th May, 1995, published in Gazette of India - Extraordinary - part 1, Section 1, No.88, dated 25th May 1995.
- (4) Resolution No.12011/44/96-BCC, dated 6th December 1996, published in Gazette of India - Extraordinary - part 1, Section 1, No.210, dated 11th December 1996.
- (5) Resolution No.12011/68/93-BCC, published in Gazette of India - Extraordinary - No.129, dated the 8th July 1997.
- (6) Resolution No.12011/12/96-BCC, published in Gazette of India - Extraordinary - No.164, dated the 1st Sept 1997.
- (7) Resolution No.12011/99/94-BCC, published in Gazette of India - Extraordinary - No.236, dated the 11th Dec 1997.
- (8) Resolution No.12011/13/97-BCC, published in Gazette of India - Extraordinary - No.239, dated the 3rd Dec 1997.
- (9) Resolution No.12011/12/96-BCC, published in Gazette of India - Extraordinary - No.166, dated the 3rd Aug 1998.
- (10) Resolution No.12011/68/93-BCC, published in Gazette of India - Extraordinary - No.171, dated the 6th Aug 1998.
- (11) Resolution No.12011/68/98-BCC, published in Gazette of India - Extraordinary - No.241, dated the 27th Oct 1999.
- (12) Resolution No.12011/88/98-BCC, published in Gazette of India - Extraordinary - No.270, dated the 6th Dec 1999.
- (13) Resolution No.12011/36/99-BCC, published in Gazette of India - Extraordinary - No.71, dated the 4th April 2000.

Shri/Smt./Kum*.....and/or his/her family ordinarily reside(s)
in the.....District of the State. This is also to certify that he/she does not
belong to the persons/ sections (Creamy Layer) mentioned in column 3 (of the Schedule to the
Government of India, Department of Personnel & Training OM NO.36012/22/93 - Estt (SCT), dated
08.09.1993) and modified vide Government of India, Department of Personnel and training O.M
No.36033/3/2004-Estt.(Res) dated 09.03.2004.

Place :.....
Dated :

Signature _____
District Magistrate/Dy. Commissioner etc.

*Strike out whichever is not applicable (With seal of office)

NB: (a) The term 'ordinarily' used here will have the same meaning as in section 20 of the
Representation of People's Act., 1950.

The Authorities competent to issue OBC caste certificates are indicated below:-

- (i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner /Additional Deputy
Commissioner / Deputy Collector / 1st class Stipendiary Magistrate / Sub - Divisional Magistrate
/ Taluk Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of
1st class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate/ Presidency Magistrate.
- (iii) Revenue Officer not below the rank of Tahasildar, and
- (iv) Sub-Divisional Officer of the area where the Candidate and or his family resides.

DECLARATION TO BE SIGNED BY NON-CREAMY LAYER OBC CANDIDATES ONLY

I _____ son/daughter Shri _____
resident of Village/ Town/ City/ District _____ State _____ Community
_____ **(certificate enclosed)** hereby declare that I belong to
the _____ community which is recognized as a backward class by the
Govt. of India for the purpose of reservation in services as per orders contained in
Department of Personnel and Training Office Memorandum No.36012/22/93-Estt(SCT) dated
8.9.1993.

It is also declared that I do not belong to the persons/sections (creamy layer)
mentioned in Column 3 of OM No. 36012/22/93-Estt(SCT) dated 08.09.1993 and modified
vide Govt. of India, Department of Personnel and Training OM No.36033/3/2004-Estt(Res)
dated 09.03.2004.

Place:

Date:

(Signature of applicant)
(in running handwriting)

CERTIFICATE / NO OBJECTION BY THE PRESENT EMPLOYER

(In case candidate is in Govt. / Semi Govt. / PSU/ Autonomous Body service etc.)

No. _____

Date _____

Certified that Dr. _____ holds a post of _____ for the period from _____ to _____ on regular/adhoc/contract basis in this Department/Office/Institution/Organization. The Institute has no objection to his/her application being considered for the post of SENIOR RESIDENT in the department of _____ at JIPMER, Puducherry. In the event of his / her selection to the post, he / she will be relieved from the duty to take up the post of _____ in JIPMER, Puducherry.

Signature _____

Designation _____

(Seal with Name & Designation)

Office Stamp