



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)
 भारत सरकार / GOVERNMENT OF INDIA



धन्वंतरि नगर, पुदुच्चेरी / Dhanwantari Nagar, Puducherry- 605 006

Website: www.jipmer.edu.in

Phone: 0413 – 2296022

Fax: 0413 – 2272067- 2272735

Application form for the post of _____ purely on Contractual Basis

Application form No. _____
 (for Office use only)

Details of Application fee:

Demand Draft No., Amount, Name of the Bank and Branch

--

Affix recent passport size photograph duly attested by self

Note: In-complete application is liable to be rejected.

1. Applicant's Name (IN BLOCK LETTERS)

--

2. Father's/Husband's Name (IN BLOCK LETTERS)

--

3. i) Date of Birth of Applicant
 (Relevant proof to be attached) DAY MONTH YEAR

ii) Age:
 (as on **08.01.2020**) YEARS MONTHS DAYS

4. Gender : Male Female

5. Write in the box ONLY ONE category out of SC/ST/OBC/GEN to which you belong (Attach proof of SC/ST/OBC)

5A. PwD(Persons with Disability) i) YES ii) NO

6. Nationality : _____

7. Religion : _____

8. Marital Status : _____

: 2:

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
Matric / SSLC					
H.SC.					
Degree/Diploma					

10. Experience (Attach Proof):-

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

11. Permanent Address	12. 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:	
Aadhar No :	
E. Mail I.D.:	

13. Details of **enclosures** attached: As per Annexure to be enclosed

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 or ineligible and detected before or after Exam/Interview, I hereby convey and consent for cancellation of my candidature. Future, I declare that I have gone through all the terms and conditions of appointment. I will abide the same and I will not claim any regularization. I also understand that in case of my final selection, my contractual appointment will be provisional subject to authenticity of original documents.

Date: _____

Place: _____

(Signature of the candidate)

:3:

CHECK LIST FOR THE POST OF PROSTHETICS/ORTHOTIC CRAFTSMAN ON CONTRACTUAL BASIS

(Put a cross (X) wherever applicable)

1. Age proof certificate (Birth certificate/10th /12th Mark sheet) :
2. Passport size photograph affixed and Self-attested :
3. 10th/12th mark sheet :
4. Degree/Diploma Certificate, If any :
5. Experience Certificate :
6. Nationality certificate or Aadhar or passport copy :
7. Bank Demand Draft attached :
8. Application duly signed :
9. Community (OBC/SC/ST)/PwD certificate attached (if applicable) :

Signature of the Candidate: _____

Date : _____