# JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION & RESEARCH, PUDUCHERRY - 605 006

## APPLICATION FORM FOR BOOK ALLOWANCE FOR JUNIOR RESIDENT

**THIS FORM SHOULD BE FILLED BY THE RESIDENTS CONCERNED AND TO BE SUBMITTED ALONG WITH THE MEDICAL BOOKS DIRECTLY TO ADMIN- III B SECTION FOR EMBOSSING THE SAME**

1. Name of the Resident Doctor :
2. Designation :
3. Department :
4. Whether I / II / III Year :
5. Initial Date of Joining as Junior Resident :
6. **Details of Book Allowance obtained earlier** : **I Year** ☐ **II Year** ☐ **III Year** ☐
7. **Mention the Year for applying Book Allowance** : _____ **to** _____
8. Details of Books Purchased

| Sl. No. | Name of the Books Purchased | Value of the Books Purchased | Eligible Amount | Date of Embossing |
|---|---|---|---|---|
| | | | **Rs. 2000/-** | |

Date: Signature of the Resident Doctor:

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Forwarded to the Director, JIPMER for necessary action:

Signature of the HOD with seal

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**FOR OFFICE USE ONLY**

Date:

**Assistant Administrative Officer**
**ADMIN - III B**
**JIPMER, Puducherry - 6.**