



सत्यमेव जयते

जवाहरलाल स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान
JAWAHARLAL INSTITUTE OF POSTGRADUATE 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, Govt. of India)
धन्वंतरि नगर, पुदुच्चेरी / Dhanvantari Nagar, Puducherry 605 006

Phone: 0413 – 2296022

Website: www.jipmer.edu.in

ANNEXURE – I



APPLICATION FORM

NOTE

TO AVOID ANY MIS-REPRESENTATION OR MIS-INTERPRETATION OF FACTS, THE APPLICATION MUST BE DULY TYPED / HANDWRITTEN, SUPPORTED WITH SELF-ATTESTED COPIES OF TESTIMONIALS.

PASTE
THE LATEST
SELF ATTESTED
PHOTOGRAPH
HERE

NAME OF THE POST : _____

DEPARTMENT : _____

1. FULL NAME
(BLOCK LETTERS) : _____

2. FATHER'S/HUSBAND'S
NAME : _____

3. (A) MAILING ADDRESS : _____

PIN CODE : _____

MOB. NO. : _____

E-MAIL ID : _____

11. EDUCATIONAL QUALIFICATION : (Kindly attach attested copies of certificates / degrees in support of your qualifications)

(a) Under-Graduate

Examination Passed	Year of Passing	No. of attempts	Class / Division	University / Institution (with full address)
Matric / SSLC				
Intermediate / HSC				
M.B.B.S				

(b) Post-Graduate

Examination Passed	Year of Passing	No. of attempts	Class / Division	University / Institution (with full address)
M.D/M.S				
D.M/M.Ch*				
Ph.D				

* Must indicate No. of years of the course (2yrs/3yrs/5yrs)

12. TEACHING/RESEARCH EXPERIENCE : (Please attach attested copies of experience Certificates)

A) Before obtaining Post-Graduate Qualification

Post held (indicate Temporary/ Permanent)	Period		Total period			Pay Scale	Employer's Address
	From	To	Yrs.	Mths.	Days		
TOTAL							

B) After obtaining Post-Graduate Qualification

Post held (indicate Temporary/ Permanent)	Period		Total period			Pay Scale	Employer's Address
	From	To	Yrs.	Mths.	Days		
TOTAL							

13. DETAILS OF PRIZES, MEDALS, SCHOLARSHIPS & NATIONAL / INTERNATIONAL AWARDS ETC. :

14. ADDITIONAL QUALIFICATION SUCH AS MEMBERSHIP OF SCIENTIFIC SOCIETY ETC. :

15. RESEARCH EXPERIENCE, IF ANY, TOGETHER WITH DETAILS OF PUBLISHED WORKS IN INDEXED JOURNALS :

NUMBER OF PAPERS

	Published		Accepted for publication	Presented at conference
	Indexed	Non Indexed		
NATIONAL :				
INTERNATIONAL :				

Please provide a list of all your scientific publications in chronological order providing details of articles including whether Original article/review/case report, indexed/non-indexed, impact factor and number of citations for the articles:

Sl. No.	Particulars of Article	Impact Factor	Citations
1			
2			
3			
4			
5			

16. CHAPTER IN BOOKS / BOOKS EDITED :

17. PRESENT EMPLOYMENT / POST HELD :

(A) PAY SCALE :

(B) TOTAL EMOLUMENTS DRAWN :

(C) COMPLETE ADDRESS OF PRESENT EMPLOYER. :

18. ARE YOU WILLING TO ACCEPT THE CONSOLIDATED PAY OFFERED? :

19. IF SELECTED, WHAT NOTICE PERIOD WOULD YOU REQUIRE BEFORE JOINING :

20. HAVE YOU BEEN OUTSIDE INDIA FOR ACADEMIC PURPOSE? IF SO, GIVE THE FOLLOWING INFORMATION

Country visited	Dates of Visit		Duration of Visit			Purpose of visit
	From	To	Yrs.	Mths.	Days	

21. STATE THE LANGUAGES KNOWN

SL. NO.	LANGUAGE	CAN READ	CAN WRITE	CAN SPEAK
(i)				
(ii)				
(iii)				

22. GIVE BELOW THE FULL DETAILS OF THE NAMES / PARTICULARS OF TWO REFERENCES FROM YOUR SPECIALITY WHO ARE IN A POSITION TO TESTIFY FROM PERSONAL KNOWLEDGE FOR YOUR FITNESS TO THE POST.

NOTE:

- (i) You should have worked with one of the references given below for at least one year (applicable for the post of Assistant Professor).
- (ii) They must not be related to you.

SL. NO.	NAME	DESIGNATION	ADDRESS
(i)			
(ii)			

23. I HAVE ATTACHED ATTESTED COPIES OF CERTIFICATES / DEGREES IN SUPPORT OF AGE, CATEGORY, QUALIFICATION AND EXPERIENCE ETC. AS PER LIST ENCLOSED **ANNEXURE-II**.
24. SELF-EVALUATION OF YOUR WORK, PARTICULARLY, STRENGTHS IN DIFFERENT FIELDS OF ACTIVITY INCLUDING PATIENT-CARE, TEACHING RESEARCH AND ADMINISTRATIVE, RELATED TO THE JOB, WHICH, IN YOUR VIEW, ENTITLES YOU TO THE POST APPLIED FOR MAY BE GIVEN IN **ANNEXURE-III**.

PLACE : **SIGNATURE OF THE CANDIDATE**

DATE :

NOTE:

INCOMPLETE APPLICATION AND THE APPLICATION RECEIVED WITHOUT e-RECEIPT FOR FEE PAYMENT THROUGH SBI COLLECT OF THE REQUIRED AMOUNT WILL NOT BE ENTERTAINED.

SUBMIT ALONG WITH APPLICATION, ONE SELF-ATTESTED PHOTOCOPY OF THE DOCUMENTS REFERRED AT ANNEXURE-II

DECLARATION BY THE CANDIDATE

(Post applied for _____ on contract basis at JIPMER, Puducherry).

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I understand that my candidature is liable to be rejected in the event of any false information/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons thereof I am not aware of any circumstance which might impair my fitness for employment under the Government on contract basis.

PLACE : **SIGNATURE OF THE CANDIDATE**

DATE :

ANNEXURE-II

LIST OF ENCLOSURES: (Required under Point No. 23 of the application)

SL. NO.	PARTICULARS OF ENCLOSURES	TICK (✓) IF ENCLOSED
1.	Birth Certificate	
2.	Matriculation (SSLC) & HSC Certificate	
3.	M.B.B.S. Certificate	
4.	M.D/M.S Certificate	
5.	D.M/M.Ch/ Ph.D Certificate	
6.	Experience Certificate(s)	
7.	Community Certificate (SC / ST) (if applicable)	
8.	Registration & Additional Registration Certificate with MCI/NMC	
9.	NOC from present employer (if applicable)	
10.	e-Receipt for fee payment through SBI Collect	
11.	Any other relevant Certificate(s)	

**JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH
PUDUCHERRY 605 006.**
(An Institution of National Importance under the Ministry of Health & Family Welfare, Government of India)

Post applied for _____

SELF EVALUATION

(Required under Point No. 24 of the application)

DATE:

SIGNATURE OF CANDIDATE

JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH, PUDUCHERRY 605 006.
(An Institution of National Importance under the Ministry of Health & Family Welfare, Govt. of India)

BRIEF OF THE CANDIDATE

Paste the latest
Photograph here

Name				Category		Date of Birth	
Post Applied				Discipline		Age as on 02.12.2021	
Qualifications	Year of Passing	No. of attempts	Institution	Experience		Duration	
				Level/Designation	From	To	Organization / Institution
Paper Published	Indexed	Non-Indexed	Accepted Publications	Presented at Conferences		Awards / Recognitions	
National							
International							
Total							
Chapter in Books :-				Any other information			
				Notice period required for joining			

Place:

Date:

SIGNATURE OF THE CANDIDATE

TABLE: 1 (if applicable)

PUBLICATIONS (BEST 5 NOS.)	