



**Jawaharlal Institute of Postgraduate
Medical Education and Research (JIPMER)**
(An Institution of National Importance Under the
Ministry of Health, Government of India)



Application for the Post of PROJECT ASSISTANT

ICMR funded ad hoc project (Contractual Basis)

Fill in with Block Letters – Printed in A4 size paper

1. Name of the Applicant : _____

3. Father's Name : _____

4. Gender (*Male / Female/ Other*): _____

5. Date of Birth (*dd/mm/yyyy*): _____

6. Marital Status (*Married/ Unmarried*): _____

7. Age (*as on 31st March 2019*): _____ years _____ months _____ days

8. Nationality: _____

9. Address for Communication : _____

PINCODE: _____

10. Permanent Address : _____

PINCODE: _____

11. Mobile : _____ 11. Email ID : _____

12. Whether belongs to SC/ST/OBC/Physically Handicapped : _____

13. Have you ever been convicted by a court of law or is there any criminal case / disciplinary action / vigilance enquiry pending against you ? If so, specify: _____

15. Fields of Research Experience (if any): _____

16. Educational Qualifications: (Enclose self-attested photocopies)

	Educational Qualification (from SSLC / Matriculation)	Board / University	Mon / Year of Passing	Percent of Marks (or Percentile)	Subject(s)
1	Tenth Equivalent				
2	Higher Secondary				
3	Degree				
4	Diploma/PG Diploma				
5	Others (specify)				

2. Affix your recent
Passport size Photo
(Do not staple)

17. Details of Previous Employment (if any) :

	Employer	Designation	From	To	Duration	Regular / Temporary	Nature of work
1							
2							

18. Reference letters / Testimonials:

A. _____

B. _____

19. Any other relevant information : _____

20. Check List : (Please tick as proof of enclosures) All Certificates must be attested and be attached in the following order:

Certificate in support of age (Tenth equivalent/High School Certificate).....

Degree/Diploma

Experience Certificate.....

Caste certificate (If any).....

Any others (if any).....

Declaration by the Applicant

I,-----hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligible and detected before or after Exam/Interview, I hereby convey my consent for cancellation of my candidature. Further, I declare I have gone through all the terms and conditions of the appointment. I will abide the same and I will not claim any regularization.

Place: _____

Date: _____

(Signature of the Applicant)