Phone: 0413- 2272380 To 2272390

Fax: 0413- 2272067
Website: **www.jipmer.edu**

JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH, PUDUCHERRY- 605 006.

Institute of National Importance

(Under the Ministry of Health & Family Welfare, Government of India)

No. **Karaikal / Gr.A /1(17)/Contract / 2017** **Dt :**

APPLICATION FORM FOR THE POST OF TUTOR PURELY ON CONTRACTUAL BASIS FOR JIPMER, KARAIKAL

Application form No._____
(for Office use only)

Affix recent passport size photograph duly attested

Details of Application fee:
Demand Draft No., and Amount, Name of the Bank & Place

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

1. Application for the post of Tutor in _____
(Subject/Specialty)

2. Applicant's Name (IN BLOCK LETTERS)

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

4. i) Date of Birth of Applicant (Attach proof) DAY MONTH YEAR

ii) Age: (as on 05.06.2017) YEARS MONTHS DAYS

iii) Sex (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)

6. Nationality : _____

7. Religion : _____

8. Marital Status : _____

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 attem pts
Matric / SSLC					
H.Sc.					
* B.Sc.					
*M.Sc.					
*M.B.B.S.					

*** Please attach proof of Recognition of MBBS degree by Medical Council of India, M.Sc. degree from a recognized University and Internship completion certificate (Applicable for Medical graduate). Candidates possessing Degree not recognized by MCI / recognized University will not be allowed to appear for interview.**

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

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

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

12. (a) Central/State Medical Council with which the applicant is registered (attach proof) : _____

(b) Medical Registration Number : _____

(c) Period of Internship : From _____ To _____

13. Whether at present employed, if so, details of employment and date of joining etc. to be mentioned:

13. **Permanent Address**	14. **Correspondence Address:**
Pin Code:	Pin Code
Mobile No:	Mobile No:
Aadhar No :	Aadhar No :
E. Mail I.D.:	E. Mail I.D.:

15. 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, 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 verification.

Date: _____

Place: _____ (**Signature of the applicant)**

***DECLARATION TO BE SIGNED BY <u>OBC CANDIDATES ONLY</u>**

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… … … … … … … … … …

Forwarded with the remarks that there is no objection to the selection/appointment of Dr. _____to the post applied for at JIPMER, Puducherry-06

Date:-_____

Signature of the employer with Office Stamp

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 shri ……of village/ town …… … in District …… in ……..…..… state belongs to ……...community which is recognised 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 :..... Signature_____

Dated : ..... **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 Tahsildhar, and

(iv) Sub-Divisional Officer of the area where the Candidate and or his family resides.

CHECK LIST FOR THE POST OF TUTOR ON CONTRACTUAL BASIS IN THE DISCIPLINE/DEPARTMENT OF _____

(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.	Degree/Provisional Certificate for MBBS/M.Sc.	:	☐
4.	Medical Registration Certificate attached. (Applicable for Medical Graduate)	:	☐
5.	Internship completion Certificate (Applicable for Medical Graduate)	:	☐
6.	Transfer Certificate, Attempt Certificate	:	☐
7.	Character Certificate attached	:	☐
7.	No Objection Certificate from the present Employer (if employed)	:	☐
8.	Bank Draft attached	:	☐
9.	Application duly signed	:	☐
10.	Community(SC/ST/OBC) certificate attached (if applicable)	:	☐

Signature of the Candidate: _____

Date : _____

BIO-DATA

Name of the department:

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
M.B.B.S.					
M.Sc.					

05. Internship Period : From _____ To _____

06. No. of papers published:-

National ☐ International ☐

07. Details of prizes,

1. Medals :

2. Scholarships :

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

08. Any other information of meritorious nature.

Date: _____
Place: _____ (**Signature of the applicant)**