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

सत्यमेव जयते

No. **Admn-I/Direct Rect./2(1)/2015 Vol.II**

**NOTE:**

1. TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICATION MUST BE SENT DULY 'TYPED', SUPPORTED WITH ATTESTED COPIES OF TESTIMONIALS.

2. **BRIEF OF CANDIDATE TO BE SUBMITTED AS PER ANNEXURE – I**

PASTE HERE
LATEST
SELF ATTESTED
PHOTOGRAPH

**Name of the Post:** PROFESSOR / ASSISTANT PROFESSOR

**DISCIPLINE:** _____

1. Full Name (BLOCK LETTERS):_____

2. Father's/Husband's Name_____

3. (a) Mailing Address: _____

_____

_____

Pin:_____

Fax. No. _____ **Tel. No**. _____

**Mobile No**._____

**E-mail ID**: _____

(b) Permanent Address: _____

_____

_____

Pin:_____

Tele. No:_____ Mobile No:_____

4. (a) Date of Birth: [ ] [ ] [ ]
---------- ---------- ----------
{Date} {Month} {Year}

(b) Age: (**as on 28.04.2017**) [ ] [ ] [ ]
---------- ---------- ----------
{Years} {Months} {Days}

(c) Sex: Male/Female (d) Marital Status: Married/Unmarried

5. Percentage of disability : _____.

6. Whether belong to: **UR** **SC** **ST** **OBC**

(Please strike out which is not applicable) (Attach attested copy of certificate on the proforma)

7. State of Domicile: _____

8. Nationality _____ Religion_____

9. a) Registration No. with the Medical Council:_____

b) State in which registered_____

10. Educational Qualifications:

(Please attach attested copies of certificates/degrees in support of your qualifications)

**(a) Undergraduate Career**

| Examination Passed | Year of Passing | No. of attempts | Class/Division | University/ Institution |
|---|---|---|---|---|
| Matric/S.S.C. | | | | |
| Intermediate/ HSC | | | | |
| B.Sc/M.Sc | | | | |
| M.B.B.S | | | | |
| 1st Profl. | | | | |
| 2nd Profl. | | | | |
| 3rd Profl. | | | | |
| 4th Profl. | | | | |
| Final Profl. | | | | |

**(b) Postgraduate Career**:

| Examination Passed | Year of Passing | No. of attempts | Class/Division | University/ Institution |
|---|---|---|---|---|
| M.D./M.S/M.D.S. | | | | |
| D.M/M.Ch.* | | | | |
| D.N.B. | | | | |
| Ph.D | | | | |

* Must indicate No. of years of the course (2yrs/3yrs/5yrs) and name of the Institute with full address.

11. Teaching/Research Experience:
(Please attach attested copies of experience Certificates)

**a) Before obtaining Postgraduate Qualification:**

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

**(b)After obtaining Postgraduate Qualification:**

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

12. Details of Prizes, Medals, Scholarships & National / International Awards etc. _____

13. Additional qualification such as Membership of Scientific Society etc. _____

14. 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 | | | | |
| INTER-NATIONAL | | | | |

a) 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 | | | |

15. Chapter in books/books edited :_____

16. (a) Present employment/post held :_____

(b) Pay Scale :_____

(c) Total emoluments drawn :_____

(d) Complete Address of present Employer. :_____

17. Are you willing to accept the consolidated pay offered? _____

18. If Selected, what notice period would you require before joining _____

19. Have you been outside India for Academic Purpose? If so, give following information: _____

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

20. State the foreign languages you know:

| No. | Foreign Language | Can read | Can write | Can speak |
|---|---|---|---|---|
| (i) | | | | |
| (ii) | | | | |
| (iii) | | | | |

21. Give below the full details of the names/particulars of two referees from your speciality who are in a position to testify from personal knowledge to your fitness for the post.

**Note:**

**i. You should have worked with one of the referees for at least two years.**
**ii. They must not be related to you**

| NAME | STATUS | ADDRESS |
|---|---|---|

1.

2.

22. I attach attested copies of certificates/degrees in support of age, category, qualification and experience etc. as per list enclosed **Annexure-II.**

23. Self-evaluation of your work, particularly its 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.**

Date: Signature of the candidate

Place:

**NOTE:**

1. **INCOMPLETE APPLICATION AND THE APPLICATION RECEIVED WITHOUT DEMAND DRAFT OF THE REQUIRED AMOUNT WILL NOT BE ENTERTAINED.**

2. **SUBMIT ALONG WITH APPLICATION, ONE ATTESTED PHOTOCOPIES OF DOCUMENT REFERRED AT POINT NO.21 OF GENERAL INSTRUCTIONS PUBLISHED IN WEBSITE ADVERTISEMENT.**

## DECLARATION BY THE CANDIDATE

(Post applied for _____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 mis-statement/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 regular basis.

Date: Signature of the candidate

Place:

**ANNEXURE-II**

**LIST OF ENCLOSURES:** (Required under column 21 of the application)

| S.No | Particulars of enclosures | Marked page(s) |
|---|---|---|
| 1. | Birth Certificate | |
| 2. | Matriculation Certificate | |
| 3. | MBBS / M.Sc Certificate | |
| 4. | M.D/M.S/Ph.D Certificate | |
| 5. | D.N.B./D..M/.M Ch. certificate | |
| 6. | Experience Certificate(s) | |
| 7. | Community Certificate (SC,ST / OBC (Non-Creamy Layer) | |
| 8. | Registration & Additional Registration with Medical Council Certificate | |
| 9 | Disability Certificate | |
| 10 | Any other relevant certificate(s) | |

**ANNEXURE-III**

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

Post applied for _____

## SELF EVALUATION

(Require under Column 22 of the application)

Date: Signature of Candidate

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

I _____son/daughter/wife of _____ 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: (**Signature of applicant**)

Date: (in running handwriting)

*** <u>Note:</u>**

The closing date for receipt of application will be treated as the date of reckoning the OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer.

**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.

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

**Candidates already employed in Central/State Govt./Autonomous Institutions / Statutory Organizations/ PSUs under Central/ State Govt. should get the following endorsement signed by their present employer (appointing authority).**

# NO OBJECTION CERTIFICATE

1. Certified that Dr./Shri/Smt./Kumari _____ holds a post of _____for the period from _____ to _____on regular basis in this Department/Office/Institution/Organization. **I have no objection to his/her application being considered for the post of _____ in the department of _____ in JIPMER, Puducherry. In the event of his / her selection to the post, he / she will be relieved from the duty to take up the post of_____ in JIPMER, Puducherry.**

2. Certified that he/she submitted his/her application to the Department /Office/ Institution/Organization on _____ for onward transmission to JIPMER, Puducherry-605 006.

No. _____ Signature _____

Dated _____ Designation _____

(Seal with Name & Designation)

Office Stamp

**JAWAHARLAL INSTITUTE OF POST GRADUATE MEDICAL EDUCATION AND RESEARCH, PUDUCHERRY-6.**

**(Institution of National Importance under the Ministry of Health & Family Welfare)**

# BRIEF OF THE CANDIDATE

Paste here lastest Photograph

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Name | | | | Category : | | | Date of Birth : | | |
| Post | | | | Discipline: | | | Age as on 28.04.2017 | Year | Month | Day |
| Qualifications | Year of Passing | No. of attempts | Institution | Experience | Duration | | | | |
| | | | | | | | Organization/Institution | | |
| MBBS/B.Sc | | | | Level/Designation | From | To | | | |
| MD/MS/M.Sc | | | | | | | | | |
| DM/MCH/Ph.D | | | | | | | | | |
| | | | | | | | | | |
| Paper Published | Indexed | Non-Indexed | Accepted of publication | 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