



सत्यमेव जयते

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, भारत सरकार)  
(An Institution of National Importance under Ministry of Health & Family welfare, Govt. of India)  
धन्वंतरि नगर, पुदुच्चेरी / Dhanvantari Nagar, Puducherry- 605 006



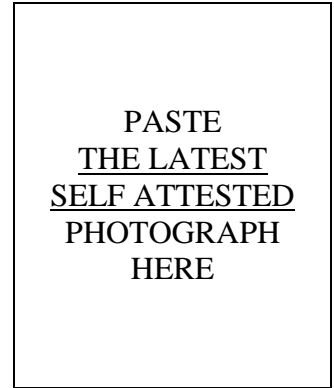
Phone: 0413 – 2296025

Website: www.jipmer.edu.in

**APPLICATION FOR THE POST OF ASSISTANT PROFESSOR  
ON CONTRACT BASIS FOR JIPMER, PUDUCHERRY**

**NOTE**

1. TO AVOID ANY MIS-REPRESENTATION OR MIS-INTERPRETATION OF FACTS, THE APPLICATION MUST BE DULY TYPED / HANDWRITTEN, SUPPORTED WITH SELF-ATTESTED COPIES OF TESTIMONIALS.
2. BRIEF OF CANDIDATE TO BE SUBMITTED AS PER APPLICATION FORM



PASTE  
THE LATEST  
SELF ATTESTED  
PHOTOGRAPH  
HERE

**DEPARTMENT /  
SPECIALTY**

:

1. FULL NAME  
(BLOCK LETTERS)

:

2. FATHER'S/HUSBAND'S  
NAME

:

3. (A) MAILING ADDRESS

:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PIN CODE :

\_\_\_\_\_

MOB. NO. :

\_\_\_\_\_

E-MAIL ID :

\_\_\_\_\_



11. REGISTRATION NO.  
A) WITH THE NMC/MCI : \_\_\_\_\_  
B) STATE IN WHICH REGISTERED : \_\_\_\_\_  
C) VAILD UPTO \_\_\_\_\_

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

**(a) Under-Graduate**

| <b>Examination Passed</b> | <b>Year of Passing</b> | <b>No. of attempts</b> | <b>Class / Division</b> | <b>University / Institution (with full address)</b> |
|---------------------------|------------------------|------------------------|-------------------------|---|
| Matric / S.S.L.C.         |                        |                        |                         |   |
| Intermediate / HSC        |                        |                        |                         |   |
| M.B.B.S.                  |                        |                        |                         |   |

**(b) Post-Graduate**

| <b>Examination Passed</b> | <b>Year of Passing</b> | <b>No. of attempts</b> | <b>Class / Division</b> | <b>University / Institution (with full address)</b> |
|---------------------------|------------------------|------------------------|-------------------------|---|
| M.D./ DNB                 |                        |                        |                         |   |
| D.M./M.Ch.*               |                        |                        |                         |   |
| Others (If any)           |                        |                        |                         |   |

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

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

After obtaining MD/DM/M.Ch/DNB/Qualification (Add additional rows, if required)

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

14. PRESENT EMPLOYMENT / POST HELD : \_\_\_\_\_  
COMPLETE ADDRESS OF PRESENT EMPLOYER : \_\_\_\_\_

15. I HAVE ATTACHED ATTESTED COPIES OF CERTIFICATES / DOCUMENTS IN SUPPORT OF AGE, CATEGORY, QUALIFICATION AND EXPERIENCE ETC. AS PER LIST ENCLOSED ANNEXURE 1.

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-I**

**DECLARATION BY THE CANDIDATE**

(Post applied for ASSISTANT PROFESSOR 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 :

## Check List - List of enclosures to be submitted along with application

| SL. NO. | PARTICULARS OF ENCLOSURES   | TICK (✓) IF ENCLOSED |
|---------|---|----------------------|
| 1.      | Proof of age  |                      |
| 2.      | Matriculation (SSLC) & HSC Certificate  |                      |
| 3.      | M.B.B.S. Certificate  |                      |
| 4.      | PG Certificate(s): MD/DM/M.Ch/DNB/<br><i>whichever applicable</i>                     |                      |
| 5.      | Experience Certificate(s)   |                      |
| 6.      | Community Certificate SC/ST/OBC-NCL<br><i>(if applicable)</i>                         |                      |
| 7.      | PwBD certificate <i>(if applicable)</i>   |                      |
| 8.      | Registration & Additional Registration<br>Certificate with NMC/MCI                    |                      |
| 9.      | Brief resume in the prescribed format   |                      |
| 10.     | Reprints of five best publications (Not more than<br>5 publications must be attached) |                      |
| 11.     | e-Receipt for fee payment through SBI Collect   |                      |
| 12.     | Any other relevant Certificate(s)   |                      |