

**JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH,
PUDUCHERRY- 605 006.
Institute of National Importance, Ministry of Health & Family Welfare
Government of India
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BIO-DATA OF THE POST GRADUATE STUDENT

01. Name (IN BLOCK LETTERS) :
02. Father's Name :
03. Husband's / Wife's Name :
04. Male/ Female :
05. Date of Birth :
06. Date of Joining :
07. Permanent Address :
- Phone No./E Mail ID :
08. Local Address :
09. Educational Qualification :
10. Medical Registration No. & Date :
11. Council in which Registered :
12. Whether he/she is a service candidate :
13. If so, Name of the parent Department, Employer and his/her designation and place of his/her last postings :
14. Kind of leave sanctioned to proceed his/her studies in this Institute :
15. Whether he/she wish to draw pay and allowances from this Institute ? If so, enclose the relieving Order and leave sanction Order. :

Date:

SIGNATURE OF THE CANDIDATE