

DBT Multi – institutional Network program on Systemic Lupus Emphysematous
Department of Clinical Immunology
JIPMER, Puducherry – 605006

IP/ Clin. Immuno/DBT/2021/1

Date: 27.01.2021

APPLICATION FOR THE POST OF JUNIOR MEDICAL OFFICER

The following positions are to be filled purely on temporary basis under the adhoc research project titled 'DBT Multi-Institutional Network program on SLE' at the Dept. of Clinical Immunology, JIPMER, Puducherry.

S. No.	Name of the Post	Number	Qualification	Pay/month (Fixed)	Age Limit
1.	Junior Medical Officer	1	Essential: MBBS from an MCI recognized university/college <ul style="list-style-type: none">• Minimum 1 year of experience as Junior Resident in the department of Medicine / Pediatrics in a large Govt. Hospital.• Knowledge of computer applications and statistical software Desirable: Experience in clinical research methods	Rs. 60,000/-	30 years

Selection Procedure: Interested candidates may send their filled application with relevant bio-data given below via post on or before 10/02/2021 (Wednesday) before 04:30 pm. The envelope should be labeled as "**Application for the post of Junior Medical Officer - DBT SLE cohort study**". Candidates applying for the post without application form & photo will be rejected. Eligible candidates will be called for an interview. Date and venue of screening test will be intimated through e-mail/phone only. No separate letters will be sent. No TA/DA will be provided for attending the screening test.

List of documents and enclosures	Filled-in application form	Certificate of academic qualifications	Birth certificate / Proof of DOB	List and one copy of scientific publications
	Valid photo ID and address proof	Work and research experience certificate	Community certificate (SC/ST/OBC)	Resume

The job is time bound for a period of 1 year (likely to continue beyond 1 year depending on satisfactory performance). Applications received after the last date, 10/02/2021 (Wednesday) 04:30 PM will be summarily rejected. A soft copy of the same should be mailed to dbtsleproject2018@gmail.com

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आचार्य एवं अध्यक्ष
Professor & Head
क्लीनिकल इम्यूनोलोजी विभाग
Department of Clinical Immunology
JIPMER, Puducherry

Note: A valid e-mail-id and mobile number is compulsory as further communication will be made through e-mail/phone.

Registration last date		10/02/2021 (Wednesday) 4:30 PM
Mail ID:		dbtsleproject2018@gmail.com
Screening test and Interview	<i>Date</i>	12/02/2021 (Friday)
<i>Venue</i>		Department of Clinical Immunology 4 th Floor, Super Speciality Block, JIPMER
Certificate Verification	<i>Reporting Time</i>	10.00 AM onwards of 12/02/2021 (Friday). The candidates, who report after 9:00 AM will not be considered
Interview	<i>Time</i>	02:30 PM onwards of 12/02/2021 (Friday)

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आचार्य एवं अध्यक्ष
Professor & Head
मलिनिकल इम्यूनोलोजी विभाग
Department of Clinical Immunology
जिपमेर, पुदुच्चेरी / JIPMER, Puducherry

ANNEXURE 1: Proforma of application for Project posts in JIPMER, Puducherry – 6

Name of the Post _____

1. Name in Block Letters
2. Father / Husband's Name
3. Date of birth*

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:

DDMMYYYY

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(Relevant proof for age relaxation to be attached)

4. Age
5. Sex
6. Nationality

:
:
:

Male

Female

PHOTO

7. Address for communication including Pin Code, in caps with Telephone Number:

PINCODE									
Ph. No.:		Landline		Mobil					
		e		e					

8. Email ID:
9. Educational Qualifications from matriculation/SSLC*:

Sl. No	Educational Qualification	Subjects	Marks Obtained	Year of Passing	Name of the Board University
1.					
2.					
3.					
4.					

10. Experience*

Sl. No	Office Address	Post Held	From	To	Experience (years, months)
1.					
2.					
3.					
4.					
5.					

11. List of self – attested testimonial's*:

- 1.
- 2.
- 3.
- 5.

11. List of self – attested testimonials*:

- 1.
- 2.
- 3.
- 5.
- 5.

Declaration

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 appointment. I will abide the same and I will not claim any regularization.

Place:
Date:

Signature of the candidate

*Note: Please attach self certified copies of the relevant certificates. Applications received without required documents will be rejected.