



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)
धन्वंतरि नगर, पुदुच्चेरी / **Dhanvantari Nagar, Puducherry- 605 006**

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No. Admin-1/SR/1(13)/2013

Dated: 24.09.2016

**RECRUITMENT TO THE POST OF SENIOR RESIDENT ON CONTRACT
BASIS BY WALK-IN INTERVIEW**

Due to shortage of Senior Residents and in the interest of patient care services, it has been decided to fill-up two posts of Senior Resident in **Nephrology** department on contract basis through walk-in-interview initially for a period of **Six months**.

Sl. No.	NAME OF THE DEPARTMENT	No of Vacancies
1	Nephrology	UR- 02

The above vacancies are provisional and subject to variation.

Age Limit for appointment as Senior Residents:-

- **33 years for those having Post Graduate qualification**
- **35 years for Post-Doctoral Degree holders (DM)**

With usual relaxation of **5** years for SC/ST and **3** years for OBC as per rules.
(Upper age limit for Persons with Disabilities shall be relax able by **10** years.
15 years for SCs/STs and **13** years for OBCs. Persons suffering from not less than
40% of relevant disability shall alone be eligible for age relaxation.)

ESSENTIAL QUALIFICATIONS:-

The candidate should possess MD (General Medicine) But DM in Nephrology will be preferred.

Pay: Rs. 80,000/- per month (Consolidated)

MODE OF SELECTION: Written Test and Personal Interview.

Interested and eligible candidates may attend the Written test/Interview to be held at **09.30.A.M** on **04.10.16** at **Institute Council Room,(Near Hospital Office) Institute Block, JIPMER, Puducherry-06**, along with i) filled in application & Bio-Data in the prescribed format (appended) ii) the **following certificates in original** and an Self-attested copy thereof and iii) a Demand Draft for Rs.**500/** for General and OBC candidates and Rs.**250/-** for SC/ST candidates drawn in favour of **The Director, JIPMER, Puducherry-06**. No fee is payable by **Persons with Disabilities (PwD's)** candidates.

: 2:

01. Age proof certificate(Xth/12th/Birth Certificate)
02. MBBS Degree with no. of attempts certificate
03. MD/DNB(Provisional/Degree)
04. Medical Council Registration Certificate
05. MBBS Mark statement in full.
06. Internship Completion Certificate
07. "**No Objection Certificate**" from the present employer, if employed in a State/Central Government/Union Territories/Public Sector Undertaking/Autonomous bodies.

Indian Nationals only need apply.

Must not have completed 03 years Senior Residency in any recognised institute including regular or Ad-hoc basis.

THE CANDIDATES ARE ADVISED NOT TO BRING ANY POLITICAL OR OTHER RECOMMENDATIONS TO INFLUENCE THEIR SELECTION. THE CANDIDATURE OF SUCH CANDIDATES WILL BE SUMMARILY REJECTED.

DIRECTOR

: 2:

*M.D./M.S/MDS					
*DNB/M.Ch./D.M					

* **Please attach proof of Recognition of MBBS/MD/MS degree by Medical Council of India. Candidates possessing Degree/PG degree not recognized by MCI will not be allowed to appear for interview.**

10. No. of papers published: National International

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

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

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

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

(b) Medical Registration Number : _____

14. Permanent Address	15. Correspondence Address:
Pin Code: <input type="text"/>	Pin Code <input type="text"/>
Mobile No: <input type="text"/>	Mobile No: <input type="text"/>
E. Mail I.D.: <input type="text"/>	E. Mail I.D.: <input type="text"/>

16. Details of **enclosures** attached: As per list.

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 even 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)

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.

Date:-_____

Signature of the employer with Office Stamp

CHECK LIST FOR THE POST OF SENIOR RESIDENT ON CONTRACT BASIS
IN THE DISCIPLINE/DEPARTMENT OF
(Put a cross (X) wherever applicable)

1. Certificate of Date of Birth Attached :
2. Passport size photograph affixed and Self attested. :
3. Degree Certificate for MBBS Internship completion Certificate, Medical Registration Certificate attached. :
4. Mark Sheets, Attempt Certificate for M.B.B.S :
5. Character Certificate attached :
6. No Objection Certificate from the present Employer (if employed) :
7. Degree Certificate for MD :
8. Bank Draft attached :
9. Application duly signed :

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.D./M.S					
DNB/M.Ch/D.M					

05. No. of papers published:-

National

International

06. Details of prizes,

1. Medals :

2. Scholarships :

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

07. Any other information of meritorious nature.

Date: _____

Place: _____

(Signature of the applicant)