

Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER)
(An Institution of National Importance Under the Ministry of Health, Government of India)
APPLICATION FORM

Advt. No. & Date:

Post applied for:

Self-attested
photograph
(3.5 X 4.5 cm)

1. Full name (Capital Letter):

2. Name of Father/Husband:

3. Gender:

4. Date of birth:

Age as on Last date of application:

5. Marital status:

6. Address for correspondence:

7. Permanent address:

8. Contact no.:

9. Email:

10. Category: General/SC/ST/OBC (mark as applicable)

11. Physically handicapped (Yes/No):

12. Have you ever been convicted by a court of law or is there any criminal case / disciplinary action / vigilance enquiry pending against you ? If so, specify:

13. Educational qualification:

Qualification	Board/ University	Year of Passing	Subjects	% of marks/ CGPA

14. Details of national examinations Qualified: (CSIR/UGC, DBT, DST-INSPIRE, ICMR, GATE, GPAT)

Sl. No	Name of the examination	Award letter no. & Date	Roll no.	Fellowship (Yes/No), If yes, valid up to

15. Research Experience details:

Sl. No.	Post Name	Name of Organization	Duration of Work	Nature of Job

16. Title and duration of Masters project (if any):

17. Research publications (if any):

18. Name and contact details of two referees:

A.

B.

19. Check List : (Please tick as proof of enclosures) All Certificates must be attested and be attached in the following order:

Certificate in support of age (Tenth equivalent/High School Certificate).....

Degree/Diploma

Experience Certificate.....

Caste certificate (If any).....

Any others (if any).....

Declaration by the Applicant

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

Place:

Date:

(Signature of the Applicant)

