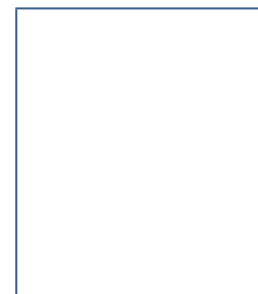


DEPARTMENT OF PAEDIATRICS, JIPMER, PUDUCHERRY

**Department of Paediatrics
JIPMER, Puducherry-605006**

Project title: Improving the outcomes of sick children referred from district hospitals in and around Puducherry by establishing a communication network – a community-based quality improvement initiative.

Application for the post of _____



1. Name of the Applicant : _____

2. Father's Name : _____

3. Date of Birth : _____ Age: _____

4. Gender : M/F : _____

5. Educational Qualification : _____

S. No.	Academic / Professional Qualification	Name of Institution	Board / University	Course Duration / Yr. of Passing out	Division / Grade / %

6.Experience:

S. No.	Designation	Name of Institution / Employer	From ---- to	Key Responsibilities

7. Training / Short Course attended:

DEPARTMENT OF PAEDIATRICS, JIPMER, PUDUCHERRY

8. Award and / or outstanding Achievements:

9. Contact Details:

a. Mailing Address: _____

b. Telephone Number (Res) _____ (Mob) _____

c. Email –ID _____

Place:

Signature of the Applicant

Date:

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:

Signature of the Applicant

Date:

Enclosures:

1. Colour photograph (scanned image)
2. Proof for date of birth
3. Proof of residence – Aadhar / driving licence
4. Qualification and experience certificates