



सत्यमेव जयते

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  
 Website: www.jipmer.edu.in  
 Phone: 0413 – 2296022 Fax: 0413 – 2272067 – 2272735



**ADMINISTRATION – I (RECRUITMENT CELL)**

**Application form for the post of**

**\_\_\_\_\_purely on Contractual Basis**

1. Name of the Applicant (*in full block letters*): \_\_\_\_\_  
\_\_\_\_\_
2. Father's/Guardian's/Husband's Name: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_ (*dd/mm/yyyy*)
4. Age (as on **date of interview**) years: \_\_\_\_\_ Months: \_\_\_\_\_ Days: \_\_\_\_\_
5. Address for Communication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mobile No \*:** \_\_\_\_\_ **Email\*:** \_\_\_\_\_

**Aadhar No.** \_\_\_\_\_

**\* - Mandatory**

6. Educational/Technical Qualifications  
 (*From 10<sup>th</sup> or equivalent onwards, self-attested copies to be enclosed*):

Examination passed	Year of passing	University/Board	Division/Class	% of Marks*	Subject

\* Convert CGPA into percentage

Paste a recent photograph  
  
(Mandatory)

7. Experience: (*From recent*)

S.No.	Institution/Company	Designation	From	To	Duration	Proof Submitted	Enclosure No.

8. Other information relevant to the post (*if any*): \_\_\_\_\_  
\_\_\_\_\_

9. Attached Copy of SC/ST/ OBC/ EWS Certificate (*if any*): Yes/No

10. **DECLARATION:** I do hereby declare that the above information furnished by me are true and correct to the best of my knowledge.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Applicant)

**List of Enclosure:**