

JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH(JIPMER)

(Institution of National Importance, Ministry of Health & Family Welfare, Government of India)

Dhanvantari Nagar, Puducherry – 605 006

DEPARTMENT OF SURGICAL ONCOLOGY

Application for the Post of the JUNIOR TRIAL COORDINATOR (July 2021)

Print in A4m size paper and fill in with Block Letters with BLUE PEN (and scan and save as candidate name_JTC_2021_SOG_application)

1. Name of the Applicant:		
2. Father's Name:		
3. Gender (Male/Female/other):		Affix your recent Passport size Photo
4. Date of Birth (dd/mm/yyyy):		(Do not staple)
5 .Marital Status (Married/Unmarried	l):	
6. Age (as on 31 st May 2021)	years months da	ys
7. Nationality:		
8. Address for Communication:		
	PINCODE	
9. Permanent Address:		
	PINCODE	
10. Mobile:	11. Email ID:	·
11. Have you ever been convicted by a vigilance enquiry pending against you		• •
12. Fields of Research Experience / Pa	per submission in a national level	conference (if any):
13. Language Proficiency		-
Able to Read & Write		
Able to Converse only		

14. Educational Qualifications: (Enclose self-attested photocopies)

	Educational Qualification (from SSLC /Matriculation)	Board/University	Mon/Year of Passing	Percent of Marks	Subjects
1	Tenth Equivalent				
2	Higher Secondary				
3	Degree				
4	Diploma/PG Diploma				
5	Others(Specify)				

(Add more rows if needed)

15.Details of Previous Employment (if any): (Pls attach PDFs of proof of work)

	Employer	Designation	From	То	Duration	Regular/Temp	Nature of Work
1							
2							

(Add more rows if needed)

16. Describe your experience in conducting clinical trials

17.Reference letter	s / Testimonials: (Pl	s attach PDFs documents)		
A				
В				
18. Any other relev	vant information:			
19. Please describe	e in less than 500 wo	ords about your experience in ment grants/manpower	e in managing proje	
20. If this project in the same (Yes/No)		er Centre's of the networ	k ,please indicate yo 	our willingness for
we can contact regarded be receiving calls from I accept enquires about	arding your previous om us regarding this	/email and telephone num s work. (Please intimate yo and obtain their permissio rk with my earlier employe er(s)	our previous employon)	er(s) that they may
Name	Designation	Company/Organization Name	Phone	Email ID

22. Check List: (Please tick as proof of enclosures) All Certificates must be attested and be attached in				
the following order:				
a) Proof of Indian nationality (copy of adhaar /voter Id/ passport /driving license)				
b) Certificate in support of age (Tenth equivalent/High School Certificate)				
c) Degree d) Postgraduate				
e) Experience Certificate (s)				
f) Any others (if any)				
Ty Any others (it dity)				
Declaration by the Applicant				
Application for the post of: Junior trial coordinator				
I,				
Place:				
Date: (Signature of the Applicant)				