



JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH (JIPMER)

An Institute of National Importance under the Ministry of Health and Family Welfare, Govt. of India

Dhanwantri Nagar, Puducherry-6

Phone: 0413-2296019-20

Fax: 0413-2272067

Application for the Post of Patient Counsellor

For JAL Foundation

Print in A4m size paper and fill in with Block Letters with BLUE PEN

1. Name of the Applicant:

2. Father's Name:

3. Gender (Male/Female/other):

4. Date of Birth (dd/mm/yyyy):

5. Marital Status (Married/Unmarried): _____

6. Age (as on date of advertisement): Years ___ Months ___ days

7. Nationality:

8. Address for Communication:

.....

PINCODE

9. Permanent Address:

.....

PINCODE:

10. Mobile:

11. Email ID:

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:

Affix your recent
Passport size Photo
(Do not staple)



JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH (JIPMER)
An Institute of National Importance under the Ministry of Health and Family Welfare, Govt. of India
Dhanwantri Nagar, Puducherry-6

Phone: 0413-2296019-20

Fax: 0413-2272067

15. Language Proficiency

Able to Read & Write	
Able to Converse only	

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

	Educational Qualification (from SSLC /Matriculation)	Board/University	Year of Passing	% Marks	Subjects
1	Tenth Equivalent				
2	Higher Secondary				
3	Degree				
4	Post-graduation				
5	Other qualifications				
6					
7					
8					
9					



JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH (JIPMER)

An Institute of National Importance under the Ministry of Health and Family Welfare, Govt. of India

Dhanwantri Nagar, Puducherry-6

Phone: 0413-2296019-20

Fax: 0413-2272067

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

	Employer	Designation	From (date)	To (date)	Duration (yrs, month, days)	Nature of Work
1						
2						
3						
4						
5						
6						

18. Please describe in less than 500 words about your experience working in the hospital setting.



JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH (JIPMER)
An Institute of National Importance under the Ministry of Health and Family Welfare, Govt. of India
Dhanwantri Nagar, Puducherry-6

Phone: 0413-2296019-20

Fax: 0413-2272067

19. Any other relevant information: _____

20. Please provide contact information /email and telephone number of your previous employer whom we can contact regarding your previous/ current work.

(Please intimate your previous employer(s) that they may be receiving calls from us regarding this and obtain their permission)

I accept enquiries about my previous work with my earlier employer(s)
Yes/No. _____

Contact information of previous employer(s)

Name	Designation	Company /Organization Name	Phone	Email ID

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

- i. Proof of Indian nationality (copy of aadhaar /voter Id passport driving license)
- ii. Certificate in support of age (Tenth equivalent/High School Certificate)
- iii. Degree/Diploma.....
- iv. Experience Certificate.....
- v. Any others (if any)

JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH (JIPMER)

An Institute of National Importance under the Ministry of Health and Family Welfare, Govt. of India

Dhanwantri Nagar, Puducherry-6

Website: www.jipmer.edu.in

Ph one: 0413-2296019-20

Fax: 0413-2272067



Declaration by the Applicant

Application/or the post of Patient counsellor for JAL Foundation
Print in A4m size paper and fill in with Block Letters with BLUE PEN

I..... wish to apply for the above post and 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:

(Signature of the Applicant)

Date:

NAME: in block letter