



Jawaharlal Institute of Postgraduate Medical Education and Research
Dhanvantari Nagar, Puducherry 605 006, India
 (An Institution of National Importance under Ministry of Health & Family Welfare,
 Government of India)
Department of Clinical Immunology



Application form for the post of Project Nurse on contract basis

1.	Name				Photo	
2.	Father/Husband Name					
3.	Date of Birth					
4.	Age as on 15/07/2023					
5.	Sex					
6.	Nationality					
7.	Address					
9.	Mobile No.					
10.	Email Id					
Educational Qualifications						
		Qualification	Branch	Marks obtained	Year of Passing	Name of the Board
11.						
Details of Experience						
		Name of the organization	Designation	From	To	No. of years /months (experience)
12.						

List of attested copies to be attached along with application

1. Aadhar Card (Identity Proof and Address Proof)
2. Age Proof (Birth Certificate/ 10th/12th Certificate with age)
3. Proof of Educational Qualifications
4. Proof of Experiences
5. No Objection Certificate from employer if working as a permanent employee

Declaration: I do hereby declare that particulars furnished above are true and correct to the best of my knowledge. I understand and agree that in the event of any information being false/incorrect/incomplete or ineligibility being detected at any time before or after the selection, my candidature is liable to be rejected. All terms and conditions of engagement as mentioned in the notice are acceptable to me.

Place:

Date:

Signature