

JIPMER CHIM-Qual RESEARCH PROJECT

Dr. Medha R.
Additional Professor
Principal Investigator,

Department of Biochemistry,
JIPMER, Puducherry - 605 006.
E-mail: jipmerchimqual2021@gmail.com

ANNEXURE-I

Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER)

(An Institution of National Importance Under the Ministry of Health, Government of India)

APPLICATION FORM

1. Full name (Capital Letter):
2. Name of Father/Husband:
3. Gender:
4. Date of birth:
5. Age as on Last date of application:
6. Marital status:
7. Address for correspondence:
8. Permanent address:
9. Contact no.:
10. Email:
11. Category: General/SC/ST/OBC (mark as applicable)
12. Educational qualification:

Self-attested
photograph
(3.5 X 4.5 cm)

Qualification	Board/ University	Year of Passing	Subjects	% of marks/ CGPA

13. Research Experience details:

Sl. No.	Post Name	Name of Organization	Duration of Work	Nature of Job

14. Title and duration of Masters project (if any):

JIPMER CHIM-Qual RESEARCH PROJECT

Dr. Medha R.
Additional Professor
Principal Investigator,

Department of Biochemistry,
JIPMER, Puducherry - 605 006.
E-mail: jipmerchimqual2021@gmail.com

15. Research publications (if any):

16. Name and contact details of two referees:

A.

B.

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

Certificate in support of age (Tenth equivalent/High School Certificate).....

Degree/Diploma

Experience Certificate.....

Caste certificate (If any).....

Any others (if any).....

Declaration by the Applicant

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 the appointment. I will abide the same and I will not claim any regularization.

Place:

Date:

(Signature of the Applicant)