



Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER)
(An Institution of National Importance Under the Ministry of Health, Government of India)

Department of Medical Oncology

APPLICATION FORMAT FOR ICMR FUNDED PROJECT (CONTRACTUAL BASIS)- Project Technical Support III

(Print in A4-sized paper and fill it in with block letters with a **BLUE PEN**. The filled and signed form, along with relevant documents mentioned, must **be scanned and e-mailed to us as a SINGLE PDF FILE** (name of candidate_ICMR_PTO) with the subject in the email as: Application for ICMR_HL-low dose_PTO)

Application for the position of Project Technical Support III

Job Ref No. JIP/MO/ICMR-HL low dose/1

1. Name of the Applicant: _____

2. Date of Birth: _____

3. Male/Female: _____

4. Nationality: _____

5. Father's Name: _____

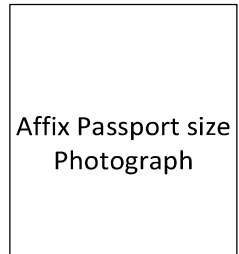
6. Permanent Address: _____

7. A. Mobile No.: _____

B. E-mail: _____

8. Whether belongs to SC/ST/OBC/ Physically Handicapped /Ex-Servicemen
(Specify and enclose valid certificate): _____

9. 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 _____



10. Educational Qualifications (Attach attested copies of certificates/mark sheets, etc.)

Examination Passed	Subject	Year of Passing	Division With % of Marks	Board/ University
10 th				
12 th				
B.Sc				
M.Sc				
Any other (specify)				

11. Details of previous employment/ fellowship (if any)

Post held	Department/ Institute/company	Permanent/ Temporary/ Contract	Period of employment		Scale of pay	Gross Amount
			From	To		

12. Research Experience (if any):

13. Publications (if any):

14. 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

15. Tamil language proficiency:

- Can you speak Tamil Language proficiently with patients YES/NO
- Are you a native speaker of Tamil (mother tongue/ born and lived in Tamilnadu)
 - YES/NO
 - If not a native speaker, explain how you gained Tamil speaking skills

16. Any other significant information

DECLARATION BY THE CANDIDATE

Application for the post of: ICMR Project HL-low dose

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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.

I have gone through the recruitment rules and if selected, I agree to abide by them. The particulars given in the form are correct and I am prepared to present myself for interview at my own expenses, if called upon to do so.

Place:

Date:

Signature of the candidate: