



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

[www.jipmer.edu.in](http://www.jipmer.edu.in)

Phone: 0413-2296019-20

Fax: 0413-2272067

**Application for the Post of Research Fellow**

For the Network of Oncology Clinical Trial India (NOCI) funded by a grant from BIRAC  
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 31<sup>ST</sup> August 2020): \_\_\_\_\_ 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: \_\_\_\_\_





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**14. Fields of Research Experience / Paper submission in national level conference (if any):**

**15. Language Proficiency**

<b>Able to Read &amp; Write</b>	
<b>Able to Converse only</b>	

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

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



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

	<b>Employer</b>	<b>Designation</b>	<b>From (date)</b>	<b>To (date)</b>	<b>Duration (yrs, mos, days)</b>	<b>Nature of Work</b>
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						

**18. Please describe in less than 500 words about your experience in planning and conducting research projects and their outcomes**



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**19. Have you applied for any grant funding for research (Yes/No) ; if yes, provide details**

\_\_\_\_\_

**20. Any other relevant information:** \_\_\_\_\_

\_\_\_\_\_

**21. 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

**22. 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).....**



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**Declaration by the Applicant**

*Application for the post of: **Research Fellow***

*For the Network of Oncology Clinical Trial India (NOCI) funded by a grant from BIRAC*

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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.

**Place:**

**Date:**

**(Signature of the Applicant)**

**NAME: in block letter**