JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH, PUDUCHERRY - 605006

(An Institution of National Importance under Ministry of Health & Family Welfare, Government of India)

Application Form for SRF post for ICMR funded project

No	EXAM PASSED	GRADE	YEAR OF PASSING	BOARD / UNIVERSITY	SPECIALIZATION
12.	Educational Qualificat	ion (Enclos	se self-attested pl	notocopies)	:
11.	Fields of Research Exp	perience (if	any):		
10.	Whether belongs to SO	C/ST/OBC/	Physically Handi	capped:	
9.	Email ID (mandatory	y for comm	nunication purpo	ose for this project):	
8.	Mobile No:		:		
7.	Permanent Address		:		
6.	Address for Correspon	idence	:		
	Age as on 27 Jan 2022	_	yearsmont	hsdays	
4.	Date of Birth:				photo
3.	Gender (Male / Female	passport size			
2.	Father's Name	Affix recent			
1.	Name in full (IN BLO	CK LETTE	ERS):		

S.No	EXAM PASSED	GRADE	YEAR OF PASSING	BOARD / UNIVERSITY	SPECIALIZATION
1.	12th				
2.	B.Sc				
3.	M.Sc				
4.	Any other (specify)				

S.No	PERIOD	POST HELD & SCALE OF PAY	NAME OF THE EMPLOYER	REASION FOR LEAVING

14. If selected what period would you require for joining the post15. Have ever been declared unfit by a Medical Board / Courtappointment in any Govt. / Service? if yes, give details	
16. Have you ever been tried / convicted for any crime by any cour 17. Check List: (Please tick as proof of enclosures) All Certificates attached in the following order: Certificate in support of age (Tenth equivalent/High School Ce Degree/Diploma	must be attested and be
DECLARATION BY THE APPLICAN I, hereby declare that	
application are true, complete and correct to the best of my knowledge information being found false or incorrect or ineligible and detected be hereby convey my consent for cancellation of my candidature. Further all the terms and conditions of the appointment. I will abide the segularization.	e and belief. In the event of any efore or after Exam/Interview, l r, I declare I have gone through
Date:	
Place:	Signature of candidate