

8. Marital Status

9. Educational/Academic/Technical/Professional Qualifications (Attach proof):-

Examination Passed	Subject	Name of College/Institution	Name of University	Year of Passing with % of Marks	No. of attem-pts
*M.B.B.S.					
*M.S/DNB					
*M.Ch					

* Please attach proof of Recognition of MBBS and M.S/M.Ch degree by Medical Council of India. Candidates possessing Degree/PG degree not recognized by MCI will not be allowed to appear for interview.

10. No. of papers published:

National International

11. Details of prizes, Medals, Scholarships & National/ International Awards and Additional Qualification such as members of scientific society etc.

12. Chronological details of up to date appointment after obtaining postgraduate qualification (attach experience certificate)

Post held	From	To	Organization/Employer's Name & Address

13. (a) Central/State Medical/Dental Council with which the applicant is registered (attach proof)

(b) UG/PG Medical/Dental Registration Number

14. Permanent Address	15. Correspondence Address:
Pin Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Pin Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile No:	Mobile No:
E. Mail I.D.:	E. Mail I.D.:
Aadhar No.	

DECLARATION to be signed by the candidate

I hereby declare that I am an Indian National and all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my appointment will be liable to be terminated without any reason or prior notice. I also understand that in case of my final selection, my appointment will be provisional subject to satisfactory police and document verification.

Date: _____

Place: _____

(Signature of the applicant)

CHECK LIST FOR THE POST OF SENIOR RESIDENT ON AD-HOC BASIS
IN THE DISCIPLINE/DEPARTMENT OF
(Put a cross (X) wherever applicable)

- | | | | |
|-----|--|---|--------------------------|
| 1. | Application duly signed | : | <input type="checkbox"/> |
| 2. | Passport size photograph affixed and self-attested | : | <input type="checkbox"/> |
| 3. | Age proof certificate
(Birth certificate/10 th /12 th Mark sheet) | : | <input type="checkbox"/> |
| 4. | Degree/Provisional Certificate for MBBS and Internship completion Certificate attached | : | <input type="checkbox"/> |
| 5. | Degree/Provisional Certificate for MD/MS/DNB | : | <input type="checkbox"/> |
| 6. | Medical Registration (UG & PG) Certificate attached | : | <input type="checkbox"/> |
| 7. | Character Certificate attached | : | <input type="checkbox"/> |
| 8. | Identify Certificate attached | | <input type="checkbox"/> |
| 9. | Online payment copy attached | : | <input type="checkbox"/> |
| 10. | No Objection Certificate from the present employer :
Employer (if applicable) | : | <input type="checkbox"/> |
| 11. | Community (SC/ST), attached (if applicable) | : | <input type="checkbox"/> |
| 12. | Residency proof certificate attached or Voter ID/Aadhar Card copy to be attached | : | <input type="checkbox"/> |
| 13. | Bio-Data attached | : | <input type="checkbox"/> |

Signature of the Candidate: _____

Date : _____

BIO-DATA

Name of the Department :

(to be filled by candidate)

1. Applicant's Name (in **BLOCK LETTERS**):-
2. Father's Name :-
3. Date of Birth of Applicant :-
4. Educational/Academic/Technical/Professional Qualifications:-

Examination Passed	Subject	Name of College/ Institution	Name of University	Year of Passing with % of Marks	No. of attempts
M.B.B.S					
M.S/DNB					
M.Ch					

05. No. of papers published: (Please attach proof of the documents)

National

International

06. Details of prizes: (Please attach proof of the documents)

1. Medals :

2. Scholarships :

3. National/ International Awards and
additional qualification such as membership of scientific societies etc.

07. Any other information of meritorious nature.

Date: _____

Place: _____

(Signature of the applicant)

IDENTITY CERTIFICATE

(CERTIFICATE TO BE SIGNED BY ANY OF THE FOLLOWING)

- i. Gazetted Officer of Central or State Government.
- ii. Member of Parliament or State Legislature belonging to the constituency where the candidate or his/her parent/guardian is ordinarily resident.
- iii. Sub-Divisional Magistrate/Officers.
- iv. Tashildars or Naik/Deputy Tahsildars authorised to exercise magisterial powers.
- v. Principal/Headmaster of the recognized School/College/Institution where the candidate studies last.
- vi. Block Development Officers.
- vii. Postmasters.
- viii. Panchayat Inspectors.

CERTIFIED that I have known Shri./ Smt. /Miss. /Dr. _____

Son / Daughter / Wife of Shri. /Dr. _____ for the last
_____ years _____ months and to the best of my knowledge and belief the
particulars furnished by him/her are correct.

STATION :

SIGNATURE:

DATE :

DESIGNATION OR STATUS:

ADDRESS:

FORM OF SC/ST CERTIFICATE PRESCRIBED

Form of certificate as prescribed in M.H.A., O.M., No.42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per. & A.R. letter No.36012/6/76-Est. (S.C.T.), dated the 29.10.1977, to be produced by candidate belonging to a Scheduled Caste or a Scheduled Tribe in support of his/her claim.

This is to certify that Shri./Smt./Kum.* son/daughter* of of village/town* in district/Division* of the State/Union Territory* belongs to the Caste/Tribe which is recognised as a Scheduled Caste/Scheduled Tribe* under:

The Constitution (Scheduled Caste) Order, 1950
 The Constitution (Scheduled Tribe) Order, 1950
 The Constitution (Scheduled Caste) (Union Territories) Order, 1951
 The Constitution (Scheduled Tribe) (Union Territories) Order, 1951

(as amended by the Scheduled Caste and Scheduled Tribes Lists (Modification) Order, 1956, the Bombay Re-organization Act, 1960, the Punjab Re-organization Act, 1966, the State of Himachal Pradesh Act, 1970 the North Eastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976).

The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.
 The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
 The Constitution (Dadra and Nagar Haveli) Scheduled Caste Order, 1962.
 The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962.
 The Constitution (Puducherry) Scheduled Caste Order, 1964.
 The Constitution (Uttar Pradesh) (Scheduled Tribes) Order, 1967.
 The Constitution (Goa, Daman & Diu) Scheduled Caste order, 1968.
 The Constitution (Goa, Daman & Diu) Scheduled Tribes Order, 1968.
 The Constitution (Nagaland) Scheduled Tribes Order, 1970.
 The Constitution (Sikkim) Scheduled Caste Order, 1978.
 The Constitution (Sikkim) Scheduled Tribes Order, 1978.
 The Constitution (Puducherry) Scheduled Tribes Order, 2016

1. Applicable in the case of Scheduled Caste/Schedule Tribe persons who have migrated from one State/Union Territory Administration:

This certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe certificate issued to Shri/Smt*..... father/mother of Shri/Smt/Kum*..... of village/town* in District/Division* of the State/Union Territory* who belongs to the caste/tribe which is recognised as a Scheduled Caste/Scheduled Tribe* in the State/Union Territory* issued by the (name of prescribed authority) vide their No..... date Shri*/Smt*/Kum* and/or his/her* family ordinary reside(s) in village/town* of the State/Union Territory of

Place
 Date

Signature
 **Designation
 (With seal of Office) State/Union Territory

* Please delete the words which are not applicable.

Please quote specific Presidential Order. Delete the paragraph which is not applicable. Should be signed by the Authorities empowered to issue Scheduled Caste/Scheduled Tribe certificates as specified above.

CERTIFICATE / NO OBJECTION BY THE PRESENT EMPLOYER

(In case candidate is in Govt. / Semi Govt. / PSU/ Autonomous Body service etc.)

No. _____

Date _____

Certified that Dr. _____ holds a post of _____ for the period from _____ to _____ on regular/adhoc/contract basis in this Department/Office/ Institution/Organization. The Institute has no objection to his/her application being considered for the post of SENIOR RESIDENT in the department of _____ at JIPMER, Puducherry. In the event of his / her selection to the post, he / she will be relieved from the duty to take up the post of _____ in JIPMER, Puducherry.

Signature _____

Designation _____

(Seal with Name & Designation)

Office Stamp