



जवाहरलाल स्नातकोत्तर चिकित्सा शिक्षा एवं अनुसंधान संस्थान (जिपमेर)
धनवंतरी नगर, पुदुच्चेरी 605 006, भारत

(स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के तहत राष्ट्रीय महत्व का संस्थान)

Jawaharlal Institute of Postgraduate Medical Education and Research

Dhanvantari Nagar, Puducherry 605 006, India

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



Application form for the post of _____ for JIPMER

Post Code No: _____

| | | | | | | | |
|-----|--|------------------------|-------------------------------|-----------------------|---------------------------|----|-------|
| 1. | Name of the applicant | | | | | | Photo |
| 2. | Father/Spouse Name | | | | | | |
| 3. | Date of Birth | | | | | | |
| 4. | Category belongs to | UR | OBC | EWS | SC | ST | |
| 5. | Nationality | | | | | | |
| 6. | Religion | | | | | | |
| 7. | Marital Status | | | | | | |
| 8. | Permanent Address | | | | | | |
| 9. | Address for correspondence | | | | | | |
| 10. | Mobile No. | | | | | | |
| 11. | Email Id | | | | | | |
| 12. | Educational Qualifications (Add separate sheet if required) | | | | | | |
| | Name of the Degree | Year of Passing | Name of the University | | | | |
| | | | | | | | |
| | | | | | | | |
| 13. | Details of Experience if applicable (Add separate sheet if required) | | | | | | |
| | Designation & Name of the Organization/Institute | From | To | Nature of work | Remarks | | |
| | | | | | | | |
| | | | | | | | |
| 14. | Reg. No. & Date of validity | | | | State in which registered | | |

Declaration

I do hereby declare that particulars furnished above are true and correct to the best of my knowledge. I understand and agree that in the event of any information being false/incorrect/incomplete or ineligibility being detected at any time before or after the selection, my candidature is liable to be rejected. All terms and conditions of engagement as mentioned in the notice are acceptable to me.

Place:

Signature :

**CHECKLIST/ENCLOSURES FOR THE POST OF SPECIALIST GRADE II (JUNIOR SCALE)/CHILD
PSYCHOLOGIST AT JIPMER, PUDUCHERRY/YANAM**

- | | | | |
|----|--|---|--------------------------|
| 1. | Age proof certificate (Birth certificate/10 th /12 th Mark sheet) | : | <input type="checkbox"/> |
| 2. | Degree Certificates for UG & PG | : | <input type="checkbox"/> |
| 3. | Valid Registration Certificate for UG & PG | : | <input type="checkbox"/> |
| 4. | Experience certificate(s) | : | <input type="checkbox"/> |
| 5. | No Objection Certificate from present employer (if employed) | : | <input type="checkbox"/> |
| 6. | e-Receipt of fee payment through SBI Collect | : | <input type="checkbox"/> |
| 7. | Caste Certificate (if applicable) | : | <input type="checkbox"/> |
| 8. | Brief of candidate | : | <input type="checkbox"/> |
| 9. | Other documents (if any) | : | <input type="checkbox"/> |

Signature of the Candidate :

Date :

Brief resume of the candidate

Paste latest
Stamp size
Photograph
here

| | | | | | | |
|-------------------------|--|------------------------|--|---------------------------------|--------------------------------------|------------|
| Name | | Category | Date of Birth (dd/mm/yyyy) | Year | Month | Day |
| Post Applied | | Discipline | Age as on last date | | | |
| QUALIFICATION | | | | | | |
| | Year of Passing | No. of attempts | Name of the Institution & Place | | | |
| UG: _____ | | | | | | |
| PG1: _____ | | | | | | |
| PG2: _____ | | | | | | |
| EXPERIENCE | | | | | | |
| Sl. No. | Name of the Organization/ Institution | Post held | From | To | Number of Years/ Months/ Days | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| PUBLICATION | | | | | | |
| Paper Published | Indexed | Non-Indexed | Accepted publication | Presented at Conferences | Awards/Recognitions | |
| National | | | | | | |
| International | | | | | | |
| Total | | | | | | |
| Chapter in Books | Any other information: | | | | | |
| Place | Notice period required for joining: | | | | | |
| Date | Signature of the Candidate | | | | | |

**Best Five Publications
(In Vancouver style)**

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |