Affix recent



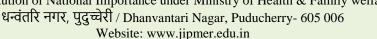
Note:

7.

MARITAL STATUS

### जवाहरलाल स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION & RESEARCH

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
(An Institution of National Importance under Ministry of Health & Family welfare)





Phone: 0413 - 2296022

Email: jipmer.contract@gmail.com

# APPLICATION FOR THE POST OF VETERINARY CONSULTANT ON CONTRACT BASIS AT JIPMER, PUDUCHERRY

1. To avoid any mis-representation or mis-interpretation of facts,

self-a	oplication must be duly typed/hattested copies of testimonials. complete application is liable to		passport size photograph duly Self-attested
1.	APPLICANT'S NAME (IN BLOCK	(LETTERS)	
2.	FATHER'S/HUSBAND'S NAME (	IN BLOCK LETTERS)	
3.	i) DATE OF BIRTH : (Attach proof)	DAY MONTH	YEAR
	ii) AGE AS ON 17.02.2022:	YEARS MONTHS	DAYS
	iii) DATE OF RETIREMENT: (For retired persons)	DAY MONTH	YEAR
4.	CANDIDATE BELONGS TO:	UR OBC SC	ST
	[Tick (//) which is applicab	ole] (Attach proof of OBC/SC/S	ST)
5.	NATIONALITY :		
6.	RELIGION :		

_	mination assed	Subject		ne of Institution	Name of the Universi	Year o	of % of g Marks	No. of attempts
Matric/SSLC								
HSC								
U.G. Degree								
P.G.	Degree							
Ph.E any)	). (if )							
9. NO. OF PAPERS PUBLISHED: National International  10. DETAILS OF PRIZES  i. Medals :  ii. Scholarships :  iii. National/ International Awards and additional qualification such as membership of scientific societies etc.:  11. ANY OTHER INFORMATION OF MERITORIOUS NATURE  12. CHRONOLOGICAL DETAILS OF UP-TO-DATE APPOINTMENT AFTER OBTAINING ESSENTIAL QUALIFICATION (attach experience certificate)								
Р	ost held	Fı	rom	То	С	Organisation/Employer's Name & Address		
	* If the cr	nace provided is	s not sufficier	nt anclose a se	anarata ann	evure ment	ioning the	
13.	* If the space provided is not sufficient, enclose a separate annexure mentioning the up-to-date appointment details.  13. i. Registration No. with the Council of : India  ii. State in which registered :							

EDUCATIONAL / ACADEMIC / TECHNICAL / PROFESSIONAL QUALIFICATIONS (attach proof):

8.

14. PERMANENT ADDRESS	15. CORRESPONDENCE ADDRESS					
Pin Code :	Pin Code :					
Mobile No :	Mobile No :					
Aadhar No :	Aadhar No :					
E.mail ID :	E.mail ID :					

16. DETAILS OF ENCLOSURES ATTACHED: To be enclosed as per the check list.

## **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 have not suppressed any material, fact or factual information. 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.

Date	:	
Place	:	(Signature of the applicant)

**CERTIFICATE / NO OBJECTION BY THE PRESENT EMPLOYER** (In case candidate is in Govt. / Semi Govt. / PSU / Autonomous Body etc.)

No	Date
Forwarded with the remarks that t	there is no objection to the selection/appointment
of Dr. / Mr. / Mrs. / Ms	to the post
of Veterinary Consultant on contract basis	applied at JIPMER, Puducherry-06
Date:	Signature of the employer with Office Stamp

# CHECK LIST FOR THE POST OF VETERINARY CONSULTANT ON CONTRACT BASIS AT JIPMER, PUDUCHERRY.

	Date :								
	Signature of the Candida	ate:							
12.	Brief of Candidate	:							
11.	Last pay certificate (for retired persons)	:							
10.	Community (OBC/SC/ST) certificate (if applicable)	:							
9.	Duly signed application	:							
8.	e-Receipt of fee payment through SBI Collect	:							
7.	No Objection Certificate from the present Employer (if employed)	:							
6.	Experience certificate	:							
5.	Ph.D. Certificate (if any)	:							
4.	Registration Certificate	:							
3.	Degree/Provisional Certificate for UG / PG	:							
2.	Passport size photograph affixed and Self-attested	:							
1.	Age proof certificate (Birth certificate/10 <sup>th</sup> /12 <sup>th</sup> Mark sheet)	:							

## JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH, PUDUCHERRY 605 006. (An Institution of National Importance under the Ministry of Health & Family Welfare, Govt. of India)

## **BRIEF OF THE CANDIDATE**

Paste the latest Photograph here

Name					Category			Date of Birth				
Post Applied				Discipline			Age as on	Years	Months	Days		
Qualifications	Year of No. of Passing attempts Institution			Experience Duration		ation	17.02.2022					
					Level/Designation	From To		Organization / Institution				
Paper Published	Indexed Non-Indexed Accepted Publications Preso		Presented at Conferences	Awards / Recognitions								
National												
International												
Total												
Chapter in Books :-			А	ny other information								
			N	otice period required for joi	ning							

Place:

Date: SIGNATURE OF THE CANDIDATE