



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:
Date:

Signature :
Name:

**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)							
Post Applied		Discipline		Age as on last date	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Year</td> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Year	Month	Day			
Year	Month	Day									
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						
PUBLICATION											
Paper Published	Indexed	Non-Indexed	Accepted publication	Presented at Conferences	Awards/Recognitions						
National											
International											
Total											
Chapter in Books					Any other information:						
					Notice period required for joining:						
Place					Signature of the Candidate						
Date											

Best Five Publications
(In Vancouver style)

1	
2	
3	
4	
5	