



सत्यमेव जयते

जवाहरलाल स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान
JAWAHARLAL INSTITUTE OF POST GRADUATE 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)
भारत सरकार / GOVERNMENT OF INDIA

धन्वंतरि नगर, पुदुच्चेरी / Dhanwantari Nagar, Puducherry- 605 006

Website: www.jipmer.edu.in

Phone: 0413 – 2296022

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No. JIP/Admin.I/Karaikal/2019/01

NOTE:

1. TO AVOID ANY MIS-REPRESENTATION OR INTERPRETATION OF FACTS, THE APPLICATION MUST BE SENT DULY 'TYPED', SUPPORTED WITH ATTESTED COPIES OF TESTIMONIALS.
2. **BRIEF OF CANDIDATE TO BE SUBMITTED AS PER ANNEXURE – II**

PASTE HERE
LATEST
SELF ATTESTED
PHOTOGRAPH

Name of the Post: _____

DISCIPLINE: _____

1. Full Name (BLOCK LETTERS): _____

2. Father's/Husband's Name _____

3. (a) Mailing Address: _____

Pin: _____

Fax. No. _____ Tel. No. _____

Aadhar No. _____

Mobile No. _____

E-mail ID: _____

9. **Educational Qualifications:**

(Please attach attested copies of certificates/degrees in support of your qualifications)

(a) **Undergraduate Career**

Examination Passed	Year of Passing	No. of attempts	Class/Division	University/ Institution
Matric/S.S.C.				
Intermediate/ HSC				
B.Sc/M.Sc				
M.B.B.S				
1 st Prof.				
2 nd Prof.				
3 rd Prof.				
4 th Prof.				
Final Prof.				

(b) **Postgraduate Career:**

Examination Passed	Year of Passing	No. of attempts	Class/Division	University/ Institution
M.D./M.S				
D.M/M.Ch.*				
D.N.B.				
Ph.D.				

* Must indicate No. of years of the course (2yrs/3yrs/5yrs) and name of the Institute with full address.

10. Teaching/Research Experience after obtaining Postgraduate / Ph.D. Qualification:
(Please attach attested copies of experience Certificates)

Sl.No	Name of the Institute/organization	Name of the Post held	Period		Total period		
			From	To	Yrs.	Mths.	Days
Total							

11. Details of Prizes, Medals, Scholarships & National / International Awards etc.

12. Additional qualification such as Membership of Scientific Society etc.

13. Research Experience, if any, together with details of published works in indexed journals.

a) NUMBER OF PAPERS

	Published		Accepted for publication	Presented at conference
	Indexed	Non Indexed		
NATIONAL				
INTER-NATIONAL				

b) Please provide a list of all your scientific publications in chronological order providing details of articles including whether Original article/review/case report, indexed / non-indexed, impact factor and number of citations for the articles:

Sl. No.	Particulars of Article	Impact Factor	Citations
1			
2			
3			
4			
5			

14. Chapter in books/books edited : _____

15. (a) Present employment/post held : _____

(b) Pay Scale : _____

(c) Total emoluments drawn : _____

(d) Complete Address of present Employer. : _____

16. Are you willing to accept the consolidated pay offered? _____

17. If Selected, what notice period would you require before joining _____

18. Have you been outside India for Academic Purpose? If so, give following information: _____

Country visited	Dates of Visit		Duration of Visit			Purpose of visit
	From	To	Yrs.	Mths.	Days	

19. State the foreign languages you know:

No.	Foreign Language	Can read	Can write	Can speak
(i)				
(ii)				
(iii)				

20. Give below the full details of the names/particulars of two referees from your speciality who are in a position to testify from personal knowledge to your fitness for the post.

Note:

- i. You should have worked with one of the referees for at least two years.
- ii. They must not be related to you

SL.NO	NAME	STATUS	ADDRESS

21. I enclosed self-attested copies of certificates/degrees in support of age, category, qualification and experience etc. as per list enclosed.

22. Self-evaluation of your work, particularly its strengths in different fields of activity including patient-care, teaching research and administrative, related to the job, which, in your view, entitles you to the post applied for may be given in **Annexure-III**.

DECLARATION BY THE CANDIDATE

(Post applied for _____ at JIPMER Karaikal).

I hereby declare that the above information is 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 my candidature is liable to be rejected in the event of any mis-statement/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons thereof I am not aware of any circumstance which might impair my fitness for employment under the Government on regular basis.

Date:

Signature of the candidate

Place:

LIST OF ENCLOSURES: (Required under column 21 of the application)

S.No	Particulars of enclosures	Marked page(s)
1.	Birth Certificate	
2.	Matriculation Certificate	
3.	MBBS / M.Sc Certificate	
4.	M.D/M.S/ D.N.B./Ph.D Certificate	
5.	D.M./M Ch. certificate	
6.	Experience Certificate(s)	
7.	Community Certificate (SC,ST / OBC (Non-Creamy Layer/ Economically Weaker Sections)	
8.	Registration & Additional Registration with Medical Council Certificate	
9	Disability Certificate	
10	Any other relevant certificate(s)	

**JAWAHARLAL INSTITUTE OF POST GRADUATE MEDICAL EDUCATION AND
RESEARCH, PUDUCHERRY-605 006.**

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

Post applied for _____

SELF EVALUATION

(Require under Column 22 of the application)

Date:

Signature of Candidate

ANNEXURE - II

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Photograph

BRIEF OF THE CANDIDATE						
Name		Category :		Date of Birth : (dd/mm/yyyy)		
Post Applied for		Discipline:		Age as on 01.05.2019	Year	Month
					Day	
QUALIFICATIONS						
	Year of Passing	No. of attempts	Name of the Institution & Place			
MBBS/B.Sc.						
M.D./M.S./M.Sc.						
D.M./M.Ch./Ph.D.						
EXPERIENCE						
Sl.No	Name of the Organization/ Institution	Name of the Position held	From	To	Number of Years/ Months/ Days	
Paper Published	Indexed	Non-Indexed	Accepted of 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:						