Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER)

(An Institution of National Importance Under the Ministry of Health, Government of India)

APPLICATION FORM

Self-attested photograph

(3.5 X 4.5 cm)

2. Nai	ne of Fa	ther/Husband:					
3. Ge	nder:						ı
4. Dat	e of birt	h: 2	Age as on Las	st date of ap	plication:		
5. Ma	rital stat	us:					
6. Ad	dress for	correspondence:					
7. Per	manent	address:					
8. Co	ntact no.	:					
9. Em	ail:						
10. Cat	egory: C	General/SC/ST/OBC	C (mark as ap	plicable)			
11. Phy	sically l	nandicapped (Yes/N	Vo):				
12. Ha	ve you e	ver been convicted	by a court of	law or is the	ere any crin	ninal case / disciplin	ary action / vigilance
enc	uiry pen	ding against you?	If so, specify:				
13. Edı	ıcational	qualification:					
		Board/ University	year of Passing Subjects			% of marks	s/
14. Det	ails of n	ational examination	ns Qualified:	(CSIR/UGC,	DBT, DST-	-INSPIRE, ICMR, GA	TE, GPAT)
Sl. No	Sl. No Name of the examination		Award letter no. & Date		Roll no.	Fellowship (Y	* *

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Advt. No. & Date:

Post applied for:

Full name (Capital Letter):

15. Research Experience details:

Sl. No.	Post Name	Name of Organization	Duration of Work	Nature of Job	

6. T	itle a	nd duration of Master	s project (if any):		
7. R	Resear	ch publications (if an	y):		
8. N	Vame :	and contact details of	two referees:		
		A. B.			
		List : (Please tick as hed in the following	proof of enclosures) All Ce order:	ertificates must be att	ested and be
Certificate in support of age (Tenth equivalent/High School Certificate)					
	Degree/Diploma				
	Expe	rience Certificate			
	Caste	e certificate (If any)			
	Any o	others (if any)			
			Declaration by	the Applicant	
	applion information in the second in the sec	cation are true, comp mation being found f by convey my consen	olete and correct to the best alse or incorrect or ineligibet for cancellation of my can fether appointment. I will abide	of my knowledge an le and detected before didature. Further, I de	d belief. In the ever e or after Exam/Inter clare I have gone th
]	Place:				
]	Date:				