

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) धन्वंतिर नगर, पुदुच्चेरी / Dhanvantari Nagar, Puducherry- 605 006



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Phone: 0413 – 2296022 Email: jipmer.contract@gmail.com

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Note: 1. To avoid any mis-representation or mis-interpretation of facts, the application must be duly typed/handwritten, supported with self-attested copies of testimonials. 2. In-complete application is liable to be rejected.												Affix recent passport size photograph duly Self-attested													
1.	APPLICA	NT'S	NA	λME	(I	N B	LOC	CK L	ETT	ΓER	S)									_					
2.	FATHER'S	S/HI	JSB	BAN	D'S	S NA	λΜΕ	(IN	l BL	.00	K I	LETT	ER	S)											
3.	i) DATE OF BIRTH : (Attach proof)							DAY MONTH Y						ΥΕ	/EAR										
	ii) AGE AS ON 27.01.2022:						YEARS MONTHS E					DAY	DAYS												
4.	CANDIDA	ATE	BEL	_ON	IGS	ТС):		UF	2		ОВ	С		S				S1	Γ					
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5.	NATIONA	ALIT	Y				:							-											
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(attach p	proof):						
Examination Passed	Subject	_	ne of Institution	Name of the University	Year of Passing		No. of attempt
Matric/SSLC							
HSC							
U.G. Degree							
P.G. Degree							
Ph.D. (if any)							
	PAPERS PUBLI	SHED: Natio	onal	Int	ernational		
	OF PRIZES						
i. Medal	S		:				
ii. Schola	arships		:				
additio	nal/ Internation onal qualificati pership of scien	on such as					
11. ANY OTH	IER INFORMAT	TION OF ME	RITORIOUS I	NATURE			
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up-to-dat	pace provided is e appointment ration No. with	details.				-	
ii. State	in which regis	tered	:				

8. EDUCATIONAL / ACADEMIC / TECHNICAL / PROFESSIONAL QUALIFICATIONS

14. PERMANENT ADDRESS	15. CORRESPONDENCE ADDRESS
Pin Code :	Pin Code :
Mobile No :	Mobile No :
Aadhar No :	Aadhar No :
e.mail i.d. :	e.mail i.d. :

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.)

Date:	_		_	of the emplo	yer with
Puducherry-06					
of	_ in College on	Nursing or	contract	basis applied	at JIPMER
of Dr. / Mr. / Mrs. / Ms					to the post
Forwarded with the	remarks that ther	re is no ob	jection to t	the selection/a	appointment
No			D	ate	

CHECK LIST FOR THE POST OF ASSISTANT PROFESSOR / TUTOR IN COLLEGE OF NURSING ON CONTRACT BASIS AT JIPMER, PUDUCHERRY.

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

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		Institution		Experience	Duration		27.01.2022				
					Level/Designation	From To		Organization / Inst		nstitution	stitution	
Paper Published				F	Presented at Conferences	Awards / Recognitions						
National												
International												
Total												
Chapter in Books :-				А	ny other information							
					Notice period required for joining							

Place:

Date: SIGNATURE OF THE CANDIDATE