



Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER)  
(An Institution of National Importance Under the Ministry of Health, Government of India)

**Department of Neurology**

**REC-03:**

**No. JIP/Neuro/HBSR/2024**

**APPLICATION FOR THE POST OF PROJECT NURSE- II**

*For the Project: "National Stroke Health Registry"*

*Print in A4 size paper and fill in with Block Letters with BLUE PEN*

|                                       |                   |  |                       |
|---------------------------------------|-------------------|--|-----------------------|
| Applicant's name                      |                   | Affix your recent passport size photo<br><br>(Do not staple) |                       |
| Father's name                         |                   |  |                       |
| Date of birth dd/mm/yyyy)             |                   |  |                       |
| Age on last dates for application     | ___y, ___mo, ___d |  |                       |
| Sex (male/female/other)               |                   |  |                       |
| Married/unmarried                     |                   |  |                       |
| Nationality                           |                   |  |                       |
| Religion                              |                   |  |                       |
| Whether SC/ST/OBC                     |                   |  | (please attach proof) |
| Communication address (including PIN) |                   |  |                       |
| Mobile number                         |                   |  |                       |
| Email ID                              |                   |  |                       |

|   |          |  |
|---|----------|--|
| Have you ever been convicted by a court of law or is any criminal case / disciplinary action/vigilance enquiry pending against you? If yes, provide/attach details. |          |  |
| Language proficiency  | Converse |  |
|   | Read     |  |
|   | Write    |  |



Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER)  
(An Institution of National Importance Under the Ministry of Health, Government of India)

## Department of Neurology

**Educational Qualifications:** (Enclose self-attested photocopies)

| Qualifications (from SSLC/Matriculation onwards) |                     | Board/University | Year of Passing | % Marks | Subjects |
|--|---------------------|------------------|-----------------|---------|----------|
| 1  | Tenth or equivalent |                  |                 |         |          |
| 2  | Higher Secondary    |                  |                 |         |          |
| 3  |                     |                  |                 |         |          |
| 4  |                     |                  |                 |         |          |
| 5  |                     |                  |                 |         |          |

**Details of Previous Employment (if any):** (Pls attach PDFs of proof of work)

|   | Employer | Designation | From (date ) | To (date ) | Duration (yrs, mos, days) | Nature of duties |
|---|----------|-------------|--------------|------------|---------------------------|------------------|
| 1 |          |             |              |            |                           |                  |
| 2 |          |             |              |            |                           |                  |
| 3 |          |             |              |            |                           |                  |

A. Please describe your experience in up to 500 words

B. Fields of Research Experience / Paper submission in national level conference or publications (if any)

C. The project work involves travel to the field/other centers for the study. Will you be willing for the same (Yes/No): \_\_\_\_\_

D. Any other relevant information: \_\_\_\_\_



Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER)  
(An Institution of National Importance Under the Ministry of Health, Government of India)

### Department of Neurology

Please provide contact information /email and telephone number of your previous employer whom we can contact regarding your previous/ current work. (Please inform and the persons you list below that they may be receiving calls from us regarding this position, and obtain their permission to mention their names)

I accept enquires about my previous work with my earlier employer(s):

Yes / No Contact information of previous employer(s):

| Name | Designation | Company / Organization Name | Phone | Email ID |
|------|-------------|-----------------------------|-------|----------|
|      |             |                             |       |          |
|      |             |                             |       |          |

#### Check List: (Please tick against those enclosed)

All Certificates must be self-attested and attached in the following order:

|  |  |
|--|--|
| Proof of Identity (Copy of Aadhaar card/ Voter ID / Passport /Driving License) |  |
| Certificate in support of age (Tenth equivalent / High School Certificate)     |  |
| Degrees/Diplomas   |  |
| Experience certificates  |  |
| Any others (if relevant; specify)  |  |
|  |  |

#### DECLARATION BY THE APPLICANT

*Application for the post of: PROJECT NURSE- II*

I, \_\_\_\_\_, wish to apply for the above contract post in an extramural research project, and hereby declare that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief. I understand that if any information is found false, incorrect or ineligible and detected before or after the selection process, my candidature or employment will be terminated. Further, I declare that I have gone through the terms and conditions of the appointment. I will abide by the same and I understand that through applying, qualifying or engagement on this position, I will have no claim against any regular position at JIPMER.

Place:

Date:

(Signature of the Applicant)

NAME (in block letters):