

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







Application form for the post ofon Contractual Basis	purely
Application form No(for Office use only)	
<u>Details of Application fee</u> : SBI Collect Transaction number and date	Affix recent passport size
	photograph duly attested by self
Note: In-complete application is liable to be rejected.	
1. Applicant's Name (IN BLOCK LETTERS)	
2. Father's/Husband's Name (IN BLOCK LETTERS)	
3. i) Date of Birth of Applicant (Relevant proof to be attached) DAY MONTH YE	EAR
ii) Age:	
(as on the closing day(06.10.2023)	DAYS
4. Gender : Male Female	
5. Write in the box ONLY ONE category out of SC/ST/OBC/GEN to which you belong (Attach proof of SC/ST/OBC)	
5A. PwD(Persons with Disability) i) YES ii) NO iii) ii) NO	
6. Nationality :	
7. Religion :	
8. Marital Status :	

9. Educational/Academic/Technical/Professional Qualifications (Attach proof):-

Examination Passed	Subject	Name of College/Institution	Name of University	Year of Passing with %of Marks	No. of attem pts
Matric / SSLC					
H.SC.					
Degree/Diploma					

Post held	From	То	Organisation/Employer's Name & Address

11. Permanent Address	12. Correspondence Address:
Pin Code:	Pin Code
Mobile No:	
Aadhar No :	
E. Mail I.D.:	

13. Details of **enclosures** attached: As per Annexure to be enclosed

### **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 understand that in the event of any information being found false or incorrect or ineligible and detected before or after Exam/Interview, I hereby convey and consent for cancellation of my candidature. Future, I declare that I have gone through all the terms and conditions of appointment. I will abide the same and I will not claim any regularization. I also understand that in case of my final selection, my contractual appointment will be provisional subject to authenticity of original documents.

Date:	
Place:	(Signature of the candidate)

## CHECK LIST FOR THE POST OF

<u>ON</u>

# **CONTRACTUAL BASIS**

	(Put a cross (X) wherever ap	plica	able)
1.	Age proof certificate (Birth certificate/10 <sup>th</sup> /12 <sup>th</sup> Mark sheet)	:	
2.	Passport size photograph affixed and Self-attested	:	
3.	10 <sup>th</sup> /12 <sup>th</sup> mark sheet	:	
4.	Degree/Diploma Certificate, If any	:	
5.	Experience Certificate	:	
6.	Nationality certificate or Aadhar or passport copy	:	
7.	SBI Collect e-receipt	:	
8.	Application duly signed	:	
9.	Community (OBC/SC/ST)/PwD certificate attached (if applicable)	:	
	Signature of the Candidate:		
	Date :		