Annexure I

सत्यमेव जयते

जवाहरलाल स्नातकोत्तर चिकित्सा शिक्षा एवं अनुसंधान संस्थान (जिपमेर)
धनवंतरी नगर, पुदुच्चेरी **605 006,** भारत
(स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के तहत राष्ट्रीय महत्व का संस्थान)

Jawaharlal Institute of Postgraduate Medical Education and Research
Dhanvantari Nagar, Puducherry 605 006, India
(An Institution of National Importance under Ministry of Health & Family Welfare, Government of India)

Application form for the post of Consultant _____ (on contract basis) for JIPMER

Campus applied for (tick as applicable)**: ☐ PUDUCHERRY ☐ KARAIKAL**

1.	Name of the applicant						Photo
2.	Name of the spouse						
3.	Date of Birth						
4.	Category belongs to	UR	OBC	EWS	SC	ST	
5.	Religion						
6.	Date of Retirement						
7.	Last Basic Pay (7th CPC)						
8.	Permanent Address						
9.	Address for correspondence						
10.	Mobile No.						
11.	Email Id						

12.	Educational Qualifications (Add separate sheet if required)				
	Name of the Degree	Year of Passing	Name of the University		
13.	Details of Experience if applicable (Add separate sheet if required)				
	Designation and Name of the Min./Deptt./ Org.	From	To	Nature of work	Remarks

Declaration

I do hereby declare that particulars furnished above are true and correct to the best of my knowledge. I understand and agree that in the event of any information being false/incorrect/ incomplete or ineligibility being detected at any time before or after the selection, my candidature is liable to be rejected. All terms and conditions of engagement as mentioned in the notice are acceptable to me.

Place: Signature :

Date: Name :