



सत्यमेव जयते

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, भारत सरकार)  
(An Institution of National Importance under Ministry of Health & Family welfare, Govt. of India)  
धन्वंतरि नगर, पुदुच्चेरी / Dhanvantari Nagar, Puducherry- 605 006



Phone: 0413 – 2296025

Website: www.jipmer.edu.in

**APPLICATION FOR THE POST OF ASSISTANT PROFESSOR  
ON CONTRACT BASIS FOR JIPMER, PUDUCHERRY / KARAIKAL**

**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. BRIEF RESUME OF THE CANDIDATE TO BE SUBMITTED AS PER APPLICATION FORM

PASTE  
THE LATEST  
SELF ATTESTED  
PHOTOGRAPH  
HERE

**DEPARTMENT /  
SPECIALTY**

:

**CAMPUS**

: **JIPMER, PUDUCHERRY / KARAIKAL**

1. FULL NAME  
(BLOCK LETTERS)
2. FATHER'S/HUSBAND'S  
NAME
3. (A) MAILING ADDRESS

:

:

:

:

:

:

PIN CODE

:

MOB. NO.

:

E-MAIL ID

:

(B) PERMANENT ADDRESS :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PIN CODE : \_\_\_\_\_

MOB. NO. : \_\_\_\_\_

4. (A) DATE OF BIRTH : [            ]      [            ]      [            ]  
                                        {Date}                 {Month}                 {Year}

(B) AGE: [ ] [ ] [ ]  
(AS ON 21.02.2026) : { Years } { Months } { Days }

(C) SEX : Male / Female

(D) MARITAL STATUS : Married / Unmarried

5. CANDIDATE BELONGS TO  
[Tick (✓) which is applicable] : **UR**                      **OBC**                      **SC**                      **ST**                      **EWS**

6. APPLIED CATEGORY  
[Tick (✓) which is applicable] : UR OBC SC

7. WHETHER CANDIDATE : Yes / No  
BELONGS TO PwBD

8. STATE OF DOMICILE : \_\_\_\_\_

9. NATIONALITY :

10. RELIGION :

11. REGISTRATION NO.  
A) WITH THE NMC/MCI : \_\_\_\_\_  
B) STATE IN WHICH REGISTERED : \_\_\_\_\_  
C) VAILD UPTO : \_\_\_\_\_

12. EDUCATIONAL QUALIFICATION : (Kindly attach self-attested copies of certificates / degrees in support of your qualifications)

(a) Under-Graduate

Examination Passed	Year of Passing	No. of attempts	Class / Division	University / Institution (with full address)
Matric / S.S.L.C.				
Intermediate / HSC				
M.B.B.S.				

(b) Post-Graduate

Examination Passed	Year of Passing	No. of attempts	Class / Division	University / Institution (with full address)
M.D./ DNB				
D.M./M.Ch.*				
Others (If any)				

\* Must indicate No. of years of the course (2yrs/3yrs/5yrs)

13. TEACHING/RESEARCH EXPERIENCE : (Please attach attested copies of experience Certificates)

After obtaining MD/DM/M.Ch/DNB/Qualification (Add additional rows, if required)

Post held (indicate Permanent/ Temporary /Contract)	Period		Total period			Pay Scale	Employer's Address
	From	To	Yrs.	Mths.	Days		
<b>TOTAL</b>							

14. PRESENT EMPLOYMENT / POST HELD :

COMPLETE ADDRESS OF PRESENT EMPLOYER :

15. I HAVE ATTACHED ATTESTED COPIES OF CERTIFICATES / DOCUMENTS IN SUPPORT OF AGE, CATEGORY, QUALIFICATION AND EXPERIENCE ETC. AS PER LIST ENCLOSED

PLACE :

SIGNATURE OF THE CANDIDATE

DATE :

**NOTE:**

**INCOMPLETE APPLICATION AND THE APPLICATION RECEIVED WITHOUT e-RECEIPT FOR FEE PAYMENT THROUGH SBI COLLECT OF THE REQUIRED AMOUNT WILL NOT BE ENTERTAINED.**

**SUBMIT ALONG WITH APPLICATION, ONE SELF-ATTESTED PHOTOCOPY OF THE DOCUMENTS REFERRED AT ANNEXURE**

### **DECLARATION BY THE CANDIDATE**

(Post applied: ASSISTANT PROFESSOR on contract basis at JIPMER, Puducherry / Karaikal)

I hereby declare that the informations furnished in the application proforma 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 my candidature is liable to be rejected in the event of any false information/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons thereof I am not aware of any circumstance which might impair my fitness for employment under the Government on contract basis.

PLACE :

**SIGNATURE OF THE CANDIDATE**

DATE :

### Check List

#### List of enclosures to be submitted along with the application

SL. NO.	PARTICULARS OF ENCLOSURES	TICK (✓) IF ENCLOSED
1.	Proof of age (i.e. High School/Higher Secondary Certificate/Birth Certificate)	
2.	10 <sup>th</sup> & 12 <sup>th</sup> Certificate	
3.	M.B.B.S. Certificate	
4.	PG Certificate(s): MD/MS/DM/MCh/DNB/DrNB <i>whichever applicable</i>	
5.	Experience Certificate(s)	
6.	Registration & Additional Registration Certificate with NMC/MCI	
7.	Registration renewal validity ( <i>if applicable</i> )	
8.	OBC (Non-Creamy Layer) Certificate ( <i>if applicable</i> )	
9.	NoC ( <i>if applicable</i> )	
10.	Brief resume of the candidate in the prescribed format	
11.	Reprints of five best publications (Not more than 5 publications must be attached)	
12.	e-Receipt for fee payment through SBI Collect	
13.	Any other relevant Certificate(s)	