

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, प्दुच्चेरी / Dhanwantari Nagar, Puducherry- 605 006 Website: www.jipmer.edu.in



Phone: 0413 - 2296022

Fax: 0413 - 2272067- 2272735

Application form for the post of <u>Technical Assistant (Nuclear</u> Medicine) purely on Contractual Basis

Application form No._____ (for Office use only)

Details of Application fee:

Demand Draft No., Amount, Name of the Bank and Branch

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)

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2. Father's/Husband's Name (IN BLOCK LETTERS)

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- i) Date of Birth of Applicant 3. (Relevant proof to be attached) DAY
 - ii) Age: (as on 02.03.2019)

Gender : Male

4.

5.

- YEARS Female

to which you belong (Attach proof of SC/ST/OBC)

MONTH

MONTHS

- YEAR
- - DAYS
- Write in the box ONLY ONE category out of SC/ST/OBC/GEN
- Nationality 6.
- 7. Religion 2

8. Marital Status 2 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					
Technical Qualificians					
Others if any					

10. Experience (Attach Proof):-

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: <u>As per Annexure to be enclosed</u>

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)

:3: <u>CHECK LIST FOR THE POST OF Technical Assistant (Nuclear Medicine)</u> <u>ON CONTRACTUAL BASIS</u>

	(Put a cross (X) wherever a	oplic	able)
1.	Age proof certificate (Birth certificate/10 th /12 th Mark sheet)	:	
2.	Passport size photograph affixed and Self-attested	:	
3.	Degree/Provisional Certificate	:	
4.	Experience Certificate (if applicable)	:	
5.	Transfer Certificate, Attempt Certificate	:	
6.	Nationality certificate or Aadhar or passport copy	:	
7.	Bank Demand Draft attached	:	
8.	No Objection Certificate from the present Employer (if employed)	:	
9.	Application duly signed	:	
10.	Community (SC/ST/OBC) certificate attached (if applicable)	:	
	Signature of the Candidate:		
	Date :		