

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)

| - [ |  |  |  |  |  |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|--|--|--|--|--|
|     |  |  |  |  |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |  |  |  |
| 1   |  |  |  |  |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |  |  |  |

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

| _        |      |  |  |  |  |  |  |  |  |  |      |  |   |
|----------|------|--|--|--|--|--|--|--|--|--|------|--|---|
|          |      |  |  |  |  |  |  |  |  |  |      |  |   |
|          |      |  |  |  |  |  |  |  |  |  |      |  |   |
|          |      |  |  |  |  |  |  |  |  |  |      |  |   |
| <u> </u> | <br> |  |  |  |  |  |  |  |  |  | <br> |  | _ |
|          |      |  |  |  |  |  |  |  |  |  |      |  |   |
|          |      |  |  |  |  |  |  |  |  |  |      |  |   |

- 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<br>Passed     | Subject | Name of<br>College/Institution | Name of<br>University | Year of<br>Passing<br>with %of<br>Marks | No. of<br>attem<br>pts |
|---------------------------|---------|--------------------------------|-----------------------|---|------------------------|
| Matric / SSLC             |         |                                |                       |   |                        |
| H.SC.                     |         |                                |                       |   |                        |
| Degree                    |         |                                |                       |   |                        |
| Technical<br>Qualificians |         |                                |                       |   |                        |
| Others if any             |         |                                |                       |   |                        |

## 10. Experience (Attach Proof):-

| Post held | From | То | Organisation/Employer's<br>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 <sup>th</sup><br>/12 <sup>th</sup> 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 :   |       |       |