

Indira Gandhi Medical College & Research Institute

(A Govt. of Puducherry Institution)
Kadirkamam, Puducherry-605009.

Office use only

Code :
No. :

Application Form for Recruitment to the post of Director

Mode of appointment: Direct Deputation Absorption Contract
(✓) whichever preferred Recruitment

Affix recent
passport size
photograph duly
signed

Applicable for candidates from Central/state Government / Autonomous Institution applying through Proper Channel

Candidates must fill up all relevant columns in block letters.
Applications not properly filled and submitted without the relevant certificates / photocopies will be summarily rejected and no further correspondence will be entertained in this regard.

D.D. Amount: No. Date:

Bank: Place:

1. Name of the Candidate :

2. Father's / Husband's name :

3. Address for communication :

Pin

Mobile Number

Tel. No. with STD code

E-mail ID

4. (i) Date of Birth (Enclose attested photocopy of Birth Certificate or 1st page of SSLC Book or T.C.) :
Date Month Year

(ii) Age as on the last date of receipt of applications :
Years Months Days

5. Sex (✓ appropriately) : Female Male

6. Nationality (Enclose proof)

7. Religion :

8. i) Whether belongs to General/OBC/SC/ST (✓ appropriately) : General OBC SC ST

(Enclose attested photocopy of Community Certificate if applicable issued by Competent Authority)

ii) PAN (Enclose photo copy of PAN Card) :

iii) Aadhar Number (Photo copy to be enclosed) :

9. Educational/Professional qualifications : Use Additional Sheets if required (Enclose attested photo copies of the certificate)

Qualification & Subject (Doctorate / Degree / Diploma)	Year of Passing	Class/ Rank	Institution	University

10. Registration in Indian Medical Council:
(Enclose attested photo copies of the certificate)

	State	No.	Date
a) U.G.			
b) P.G.			

11. Experience (Teaching): Use Additional Sheets if required (Enclose attested photo copies of the experience certificate /Salary)

Sl. No	Job Title	Institution	Period		Duration		Salary	Reasons for Leaving
			From DD/MM/YY	To DD/MM/YY	Yrs.	Months		
1								
2								
3								
4								
5								

12. Research Experience: Use Additional Sheets if required (Enclose attested photo copies of the experience certificate)

Sl. No.	Institution	Field	Period		Duration	
			From DD/MM/YY	To DD/MM/YY	Yrs.	Months
1						
2						
3						
4						
5						

13. Publications: Use Additional Sheets if required (Enclose attested photo copies)

Sl. No.	Journal Reference	Title
1		
2		
3		
4		
5		

14. Membership in Academic / Professional Associations (if any)

- 1.
- 2.
- 3.
- 4.

15. Any other relevant information :

I, hereby, declare that all statements made in the 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 incorrect or suppressed, my candidature at any stage is liable to be cancelled. I further understand that in case I am appointed on the basis of false and untrue information furnished, my services are liable to be terminated forthwith without any notice.

Place :

Date :

Signature of the Candidate

Note: Applications without Demand Draft for ₹ 500/- (₹ 250/- for SC / ST) drawn in favour of “**Perunthalaivar Kamaraj Medical College Society**” payable at **Puducherry**, will be summarily rejected and no further correspondence will be entertained.