

जवाहरलाल स्नातकोत्तर आयुर्विज्ञान चिकित्सा 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, पुडुचेरी - 605 006/ Dhanwantari Nagar, Puducherry- 605 006



Website: www.jipmer.edu.in

Phone: 0413 - 2297389

Application form for the post of Endoscopy Technician Contractual Basis	purely on
Application form No (for Office use only)	
Note: In-complete application is liable to be rejected.	Affix recent passport size photograph duly attested by self
Applicant's Name (IN BLOCK LETTERS)	
2. Father's/Husband's Name (IN BLOCK LETTERS)	
3. i) Date of Birth of Applicant (Relevant proof to be attached) DAY MONTH YEA	R
ii) Age: [[[]] [] [] [] [] [] [] []	S
4. Gender: Male Female	
5. Write in the box ONLY ONE category out of SC/ST/OBC/GEN to which you belong (Attach proof of SC/ST/OBC)	
6. Nationality :	
7. Religion :	
8. Marital Status :	

9.	Educational	/Academic/	Technical/Pro	fessional Qu	ualifications (Attach	proof):-
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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 Qualifications					
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: As per Annexure to be enclosed

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:

CHE	CK LIST FOR THE POST OF Endoscopy Techn	ici	an ON	CONTRAC	CTUAL	BASIS
	(Put a cross (X) wherever ap	pli	cable)			
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	:				
5.	Transfer Certificate, Attempt Certificate	:				
6.	Nationality certificate or Aadhar or passport copy	:				
7.	Character Certificate	:				
8.	No Objection Certificate from the present Employer (if employed)	:				
9.	Application duly signed	:				
10.	Community (OBC/SC/ST) certificate attached (if applicable)	:				/
	Signature of the Candidate:					_
	Date :				•	
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