

ANNEXURE 1: Proforma of application for Patient Advocate Cum Social Worker, R.C.C, JIPMER, Puducherry -6

Name of the Post _____

1. Name in Block letters :
 2. Father/ Husband's Name :
 3. Date of birth* : D DMM Y YYYY
 (Relevant proof for relaxation to be attached)

4. Age :
 5. Sex : Male Female
 6. Nationality :

7. Address for communication including Pin code, in caps with Telephone No:

P I N C O D E :																			
Ph. No.:																			

8. Email Id:

9. Educational qualifications from matriculation/SSLC*:

Sl. No	Educational Qualification (From SSLC/Matriculation)	Subjects	Marks Obtained	Year of Passing	Name of the Board University
1					
2					
3					

10. Experience*

Sl. No.	Office Address	Post Held	From	To	No.of years and months (Experience)	Whether regular/ Temporary
1.						
2.						
3.						

11. List of self-attested testimonials*: 1. _____ 2. _____
 3. _____ 4. _____

Declaration

I _____ hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligible and detected before or after Exam/Interview, I hereby convey my consent for cancellation of my candidature. Further, I declare I have gone through all the terms and conditions of appointment. I will abide the same and I will not claim any regularization.

Place:

Signature of the Candidate:

Date: