



**JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH  
(JIPMER)  
APPLICATION FORM (FOR PROFESSIONAL EXAMINATION)**

**Instructions:**

1. Use blue or black ballpen only for filling the form.
2. Submission after the Stipulated last date would entail a penalty fee of Rs. 50/- (to be added o the examination fee)
3. Affix similar photographs, recently taken, in the Application & Hall ticket forms (Date & Name to be shown in placard)

Month / Year of Exam

Last date for Submission

Date of receipt of filled- in- application



**1. FULL NAME OF CANDIDATE**

(in CAPITAL letters – in ENGLISH as per qualifying certificate)

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**2. (a) FATHER'S NAME** (in CAPITAL letters)

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(b) **MOTHER'S NAME** (in CAPITAL letters)

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**3. Date of Birth**     Date     Month     Year

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**4. Name of the Course**


**5. Gender**

Pl.    
Appropriate box

Male	Female

**6. Nationality**

Indian	Others

**7. Category** (if applicable)

OBC	SC	ST

**8. Year**

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>

**Semester**  
(if applicable)

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>

**9. DETAILS OF THIS EXAMINATION**

Sl. No.	Subject	Number of Attempt	Number of Theory papers	Number of Practicals / Clinicals	Dissertation Submitted on (if applicable)
					Date:
					Brief Title indicating area of study

10. **Period of Study for this examination from** \_\_\_\_\_ **To** \_\_\_\_\_  
 11. **Any detention** due to Attendance/I.A. in previous examinations **Yes**  **No**   
 If Yes Month & Year of Examination \_\_\_\_\_

12. **Register Number:**

13. **Name & Permanent Address**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. **Examination Fee**  
 (Please enclose printed copy of e-payment Receipt)

SBI Collect. Ref. No.	
Date of Payment	
Amount Rs.	

E-mail ID: \_\_\_\_\_  
 Mobile No: \_\_\_\_\_  
 Pin Code:

15. **Photograph**

Passport size  
 Photograph with plain  
 background Name of  
 candidate & Date of  
 photograph in the placard  
 to be held  
**UNATTESTED**

16. **Signature of the Candidate**

17. **Signature of the Candidate  
 With date** (for image clipping)

**FOR OFFICE USE ONLY**

1. **Attendance**

Semester / Year	Required	
	Attendance: Yes/No	IA: Yes / No

2. **Codes**

Branch code	
Subjects Codes	

**Note:** If No, for details refer list of Detention /Condonation order

Dissertation : Approved / Not Approved

3. **Any payment dues:**

**Hostel**  **Mess**  **Tution**  **Nil**

4. **Repeater:** **Yes\***  **No**

\* If Yes, has he or she cleared for gate entry **Yes\*\***  **No**

\*\* If Yes, does he or she satisfy total duration of course as per Regulations. **Yes\***  **No**

5. **Pending issues**

**Certificates**  **Legal**  **Disciplinary**  **Nil**

6. **Late submission of application Yes / No**

**Examination fee correctly paid Yes / No**

7. **Above details verified and checked by** \_\_\_\_\_ **Signature** \_\_\_\_\_

8. **Hall ticket**

Issue Hall Ticket

Do Not Issue Hall Ticket

Seal

REGISTRAR (Academic)

**HALL TICKET**

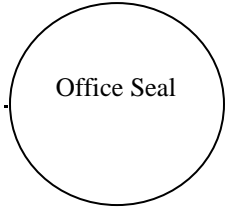
Name:

Register No.:

Date of Examinations:  Office Code:   
Branch Code:

I had received the Hall ticket from the Academic Section

Signature of the Student with date



JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH (JIPMER), PUDUCHERRY- 605007

**HALL TICKET**  
**(FOR PROFESSIONAL EXAMINATION)**

**Instructions:**

This form should be completed by the applicant and submitted along with application form.  
The copy of instructions relating to Examination will be issued to the candidates separately.  
The time table will be displayed in the Institute Notice Board and JIPMER Website..

**CANDIDATE DETAILS** \* To be filled in by the applicant

Name\*:

Date of Birth\*:

Signature of the candidate  
In the Examination hall

Passport size  
Photograph with plain  
background Name of  
candidate & Date of  
photograph in the  
placard to be held  
**UNATTESTED**

Name of  
the Course\*:

Subjects  
appearing for \*

1.
2.
3.
4.
5.
6.

Signature of the Candidate\*  
at the time of submission of application

Register No.:

**DEAN**