



**Jawaharlal Institute of Postgraduate
Medical Education and Research (JIPMER)**
(An Institution of National Importance Under the
Ministry of Health, Government of India)



Application for the Post of **Research Associate / SRF**

ICMR funded ad hoc project (Contractual Basis)

Fill in with Block Letters – Printed in A4 size paper

1. Name of the Applicant : _____

3. Father's Name : _____

4. Gender (*Male / Female*): _____

5. Date of Birth (*dd/mm/yyyy*): _____

6. Age (*as on 5th October 2018*): _____ years _____ months _____ days

7. Nationality: _____

8. Address for Communication : _____

PINCODE: _____

9. Permanent Address : _____

PINCODE: _____

10. Mobile : _____ 11. Email ID : _____

12. Whether belongs to SC/ST/OBC/Physically Handicapped : _____

13. Have you ever been convicted by a court of law or is there any criminal case / disciplinary action / vigilance enquiry pending against you ? If so, specify: _____

14. Publications (*Mention the two of your Publications you consider as most important / relevant*)

| | <i>Author(s)</i> | <i>Title</i> | <i>Journal</i> | <i>Vol. pp. yr</i> | <i>Indexed by</i> |
|---|------------------|--------------|----------------|--------------------|-------------------|
| 1 | | | | | |
| 2 | | | | | |

2. Affix your recent
Passport size Photo
(Do not staple)

15. Fields of Research Experience: _____

16. Educational Qualifications: (Enclose self-attested photocopies)

| | Educational Qualification (from SSLC / Matriculation) | Board / University | Mon / Year of Passing | Percent of Marks (or Percentile) | Subject(s) |
|---|--|--------------------|-----------------------|-------------------------------------|------------|
| 1 | Tenth Equivalent | | | | |
| 2 | 12 th | | | | |
| 3 | B. Pharm | | | | |
| 4 | M. Pharm | | | | |
| 5 | Pharm D (__ years course) | | | | |
| 6 | NET (like GPAT) | | | | |
| 7 | PhD | | | | |
| 8 | Any other (specify) | | | | |

17. Details of Previous Employment (if any) :

| | Employer | Designation | From | To | Duration | Regular / Temporary |
|---|----------|-------------|------|----|----------|---------------------|
| 1 | | | | | | |
| 2 | | | | | | |

18. Reference letters / Testimonials :

A. _____

B. _____

19. Résumé attached (YES / NO) : _____

20. Achievements / Awards / Honours or Any other relevant information : _____

Declaration by the Applicant

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 the appointment. I will abide the same and I will not claim any regularization.

Place: _____

Date: _____

(Signature of the Applicant)