



**JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND
RESEARCH, PUDUCHERRY - 605 006.**

(Institution of National Importance)

Ministry of Health & Family Welfare, Government of India

EXAMINATION WING

No. JIP/ EW2/DEC/ 2016

Dated : **- 3 NOV 2016**

NOTICE ON EXAMINATION FEE FOR M.D. / M.S. EXAMINATIONS-DECEMBER 2016

Sub: Payment of Examination Fee for M.D. / M.S Examinations December – 2016 - Reg.
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The Students of M.D. / M.S. courses appearing for December – 2016 Examinations are instructed to download the prescribed Application form from www.jipmer.edu.in

A candidate shall be permitted to appear for Professional Examination only if He / She secures not less than the required percentage of attendance (80%). If shortage of attendance is noticed, candidates will not be allowed to appear for the Examinations.

The Examinations Fees mentioned hereunder are to be remitted through online Payments of JIPMER Website.

Sl. No	Course	Amount
01	M.D. / M.S.	₹ 2500 /- (for each Theory Paper) ₹ 4000 /- (for Practical Paper)
02	Application	₹ 50 /-
03	STUDENTS WHO ARE APPEARING FOR FIRST ATTEMPT	Mark sheet Fee ₹ 250 /-
04		Provisional Cert. ₹ 250 /-
05		Degree Cert. ₹ 500 /-

Important Dates :-

Application Download & Online Payment of Fee : **07.11.2016 (Monday)**

Last Date for submission of completed *Application with Printed copy of Online Payment receipt* to Examination Wing : **18.11.2016 (Friday)**

Extended date for Payment of Fee & submission of of completed Application : **25.11.2016 (Friday)**
With penalty of ₹ 50/-

Application received after 25.11.2016 will be summarily rejected.

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PROFESSOR (Examinations)

Note: Application received with out printed copy of Online payment receipt will not be issued Hall Ticket for Examination.

PROFESSOR (Examinations)
Jawaharlal Institute of Postgraduate
Medical Education & Research
PUDUCHERRY-605 006.

To

1. Notice Boards(Institute / Harvey / Blackwell)
2. HOD of concerned / The P.S. to Director / The P.S. to Dean(Academic) /The Registrar(Academic) /The Controller of Examinations/The Asst. Controller of Examinations/ Concerned D.A., Academic Section.



**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

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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

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5. Gender

PI.
Appropriate box

Male	Female

6. Nationality

Indian	Others

7. Category (if applicable)

OBC	SC	ST

8. Year 1st 2nd 3rd 4th 5th **Semester**
(if applicable)

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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.	<input type="text"/>
Date of Payment	<input type="text"/>
Amount Rs.	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. **Codes**

Branch code	<input type="text"/>
Subjects Codes	<input type="text"/>

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

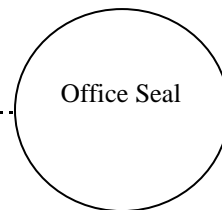
Name:

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



Office Seal



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

Name of the Course*:

Subjects appearing for *
1.
2.
3.
4.
5.
6.

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

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

Register No.:

DEAN