

## PROFORMA

**(Name and particular of candidate for the post of Director,  
Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry)**

1. Name (in **BLOCK CAPITAL**) :
2. Father's Name :
3. Date of Birth and Age :  
(As on **3<sup>rd</sup> January, 2018**)
4. Present Address :
5. E-mail & Mobile /Phone no. :
6. Whether citizen of India or Non Resident Indian or Persons of Indian Origin (Please specify) :
7. Academic Qualification:

<b>Graduation</b>	<b>Year of Passing</b>	<b>No. of attempts</b>	<b>College/University from which graduated</b>
<b>Post-graduation</b>	<b>Year of Passing</b>	<b>No. of attempts</b>	<b>College/University from which received post-graduation degree</b>
<b>Doctorate (if any)</b>	<b>Year of Passing</b>		<b>College/University</b>

8. Field(s) of specialization :

9. Experience :

	<b>Designation &amp; the Institute where worked</b>	<b>From</b>	<b>To</b>
(i) Before post-graduation  a. Teaching b. Research c. Administration			
(ii) After Post-graduation  a. Teaching b. Research c. Administration			

10. A complete list of Publications :  
(please attach a list)

11. Books, if any written (List) :

12. Extra-curricular activities such as  
Medico-social work, journalistic or  
other activities related to fine arts,  
sports etc.

13. Awards, distinctions, prizes etc. :

(a) At under-graduate level :

(b) At post-graduate level :

(c) Any other :

14. Fellowship/Membership of :  
National and International  
Scientific Societies, Academics etc.

15. Present post and designation :  
(from when held)

16. Scale of pay :

17. Salary :

I hereby declare that the information given by me in this application is true and correct to the best of my knowledge and belief.

Place :

Date :

**(Signature of the Applicant)**