

JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH (JIPMER)

Dhanwantri Nagar, Puducherry-6

RESEARCH MANPOWER RECRUITMENT FORMS

No. JIP/PSM/ HTAIn/07/24

APPLICATION FOR THE POST OF (NAME OF THE POST)

For the Project: (Health Technology Assessment-Resource Hub)

Print in A4 size paper and fill in with Block Letters with BLUE PEN

Applicant's name		
Father's name		
Date of birth dd/mm/yy	yy)	A CC - roug soont noon at aire
Age on last dates for application	y,mo,d	Affix your recent passport size photo
Sex (male/female/other)		(Do not staple)
Married/unmarried		(Do not stapic)
Nationality		
Religion		
Whether SC/ST/OBC		(please attach proof)
Communication address (including PIN)		
Mobile number		
Email ID		
or is any criminal case /	pending against you? If	
Language proficiency	Converse	
	Read	
	Write	

Educational Qualifications: (Enclose self-attested photocopies)

Qualifications (from SSLC/Matriculation onwards)		Board/University	Year of Passing	% Marks	Subjects
1	Tenth or equivalent				
2	Higher Secondary				
3					
4					
5					



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Details of Previous Employment (if any): (Pls attach PDFs of proof of work)

	Employer	Designation	From (date)	To (date)	Duration (yrs, mos, days)	Nature of duties
1						
2						
3						
4						

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B.	Fields of Research Experience	/ Paper submission in	national level	conference or p	ublications (if

A. Please describe your Top 5 experiences in bullet points pertaining to Health Economics

	any)	
C.	The project work involves travel to the field/other centers for the study.	Will you be willing for

Please provide the contact information /email and telephone number of your previous employer whom we can contact regarding your previous/ current work. (Please inform and the persons you list below that they may be receiving calls from us regarding this position, and obtain their permission to mention their names)

I accept enquires about my previous work with my earlier employer(s): Yes / No

Contact information of previous employer(s):

the same (Yes/No):

Name	Designation	Company / Organization Name	Phone	Email ID



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Check List: (Please tick against those enclosed)

All Certificates must be self-attested and attached in the following order:

Proof of Identity	(Copy of Aadhaar card/ Voter ID / Passport / Driving License	
Certificate in sur	pport of age (Tenth equivalent / High School Certificate)	
Degrees/Diplom	as	
Experience certi	ficates	
Any others (if re	elevant; specify)	
	DECLARATION BY THE APPLICANT	
	Application for the post of: (NAME OF THE POST)	
and correct to the incorrect or inelig will be terminate appointment. I wi	, wish to apply for the above contract pand hereby declare that all the statements made in this application best of my knowledge and belief. I understand that if any informable and detected before or after the selection process, my candidated. Further, I declare that I have gone through the terms are all abide by the same and I understand that through applying, quality will have no claim against any regular position at JIPMER.	on are true, complete mation is found false dature or employmen nd conditions of the
Place:		
Date:	(Signature of the	e Applicant)
	NAME (in block letters):	