

जवाहरलाल स्नातकोत्तर चिकित्सा शिक्षा एवं अनुसंधान संस्थान (जिपमेर) धनवंतरी नगर, पुदुच्चेरी 605 006, भारत (स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के तहत राष्ट्रीय महत्व का संस्थान)

Jawaharlal Institute of Postgraduate Medical Education and Research





Application form for the post of Legal Consultant on contract basis

1.	Name of the applicant									
2.	Father/Spouse Name									
3.	Date of Birth						Photo			
4.	Category belongs to	UR	OBC	EWS	SC	ST				
5.	Nationality									
6.	Religion					•				
7.	Marital Status									
8.	Permanent Address									
9.	Address for correspondence									
	correspondence									
10.	Mobile No.									
11.	Email Id									
12.	Educational Qualifications (Add separate sheet if required)									
	Name of the Degree	Year of Passing		Nam	e of the	University				
13.	Details of Experience if app	licable (A	dd sepa	rate shee	et if requ	iired)				
	Designation and Name of the Min./Deptt./ Org.	Fron	ı	То	Natu	ure of work	Remarks			
Declaration										
I do hereby declare that particulars furnished above are true and correct to the best of my										
knowledge. I understand and agree that in the event of any information being false/incorrect/incomplete or ineligibility being detected at any time before or after the selection, my candidature										
	inplete of intengionity being (-				=			

acceptable to me.

Place:	Signatur	Signature :	
Date:	Name	:	