

Phone: 0413 - 2272380 To 2272390 **Website:** <u>www.jipmer.edu</u>

Fax: 0413 - 2272067

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

Institute of National Importance

(Under the Ministry of Health & Family Welfare, Government of India)

Dated: 18.02.2013

No. Estt. 2(21)/2012

RECRUITMENT TO THE POST OF SENIOR RESIDENT ON ADHOC BASIS BY WALK-IN INTERVIEW

It is informed that there are vacancies in the post of Senior Residents in Super Speciality courses in various departments of this Institute. Due to shortage of Senior Residents and in the interest of patient care services it has been decided to fill-up the vacancies in the under mentioned discipline on adhoc basis through walk-in-interview.

SI. No.	NAME OF THE DEPARTMENT	No of VACANCIES
1	Plastic Surgery	03
	Total	03

ESSENTIAL QUALIFICATIONS:-

A Postgraduate Degree/Diploma in respective discipline from recognized university/Institute.

Age: Below **33** years, with usual relaxation of 5 years for SC/ST and 3 years for OBC as per rules. Upper age limit for Differently Abled persons shall be relaxable by 10 years, 15 years for SCs/STs and 13 years for OBCs.

PAY: The candidates will be paid **B/Pay Rs.18**, **750+6600 GP** (revised scale) per month with other allowances inclusive of NPA as admissible under rules.

For the Post of Senior Resident in Plastic Surgery, the candidate should possess M.S./DNB in General Surgery / ENT. Candidates possessing M. Ch. (Plastic Surgery) will be preferred.

Selection of candidates will be based on a written test followed by Personal Interview on the same day.

Interested and Eligible candidates may attend the Written test/Interview to be held at **08.30.A.M** on **06.03.2013** at **Charakka Theatre, Ground Floor, Admin Block, JIPMER, Puducherry-06**, alongwith i) filled in application form & Bio-Data in the prescribed format (appended) ii) the following certificates in original and an attested copy thereof and iii) a Demand Draft for Rs.500/ for General and OBC candidates and Rs.250/- for SC/ST candidates drawn in favour of **Accounts Officer, JIPMER, Puducherry-06(SBI-Jipmer.Code No-2238).** No fee is payable by Differently Abled candidates.

- 01. Age proof certificate
- 02. MBBS Degree with no. of attempts certificate
- 03. MD/MS /DNB Certificate
- 04 Medical Council Registration Certificate
- 05 MBBS mark statement in full.
- 06 Internship Completion Certificate
- 07 "No objection Certificate" from the present employer, if employed.

Selection Procedure: -

A written Examination based on **MCQs in the subject concerned** will be conducted for eligible Candidate followed by personal interview. 85% of total marks will be for written test and 15% for Personal interview.

Note:-

- 1. The number of posts to be filled up will be decided by the Director.
- 2. The Non M.Ch/Non.D.M Senior Residents will be posted in the EMSD (Casualty) from parent departments on rotation basis.

No correspondence will be entertained through e-mail.

DIRECTOR



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	Application form for the past of Conice Decident	
(for (Application form for the post of Senior Resident cation form No Office use only) hils of Application fee:	Affix recent
Dema	and Draft No., and Amount, Name of the Bank& Place	photograph duly attested
Note	: In-complete application is liable to be rejected.	
1.	Application for the post of Senior Resident in	_
2.	Applicant's Name (IN BLOCK LETTERS)	
3.	Father's/Husband's Name (IN BLOCK LETTERS)	
4.	i) Date of Birth of Applicant (Attach proof) DAY MONTH YEAR ii) Age: (as on the last date	
	of receipt of application) YEARS MONTHS DAYS	
5.	Write in the box ONLY ONE category out of SC/ST/OBC/GEN to which you belong (Attach proof of SC/ST/OBC)	
6.	Nationality:7.Religion:8. Marital Status:	
9.	Educational/Academic/Technical/Professional Qualifications (Attach prof	of):

Examination Passed	Subject	Name of College/Institution	Name of University	Year of Passing with %of Marks	No. of attem pts
Matric					
*M.B.B.S.					

*M.D	./M.S							
*DNE	B/M.Ch./D.M							
* Ple	ase attach i	proof of Re	coanitio	n of MBBS/M	ID/MS	dearee b	v Medical (Council
	-		_	ree/PG degr	-	_	-	
be allo	wed to app	ear for int	erview.				-	
10. I	No. of papers	published:	National		In	ternationa	al]
	•	•		hips & Nationa embers of scie				
(qualification (<u>-</u>	appointment rtificate)	after o			
Po	st held	Fro	m	То		Organisation/Employer's Name & Address		
13. ((a) Central/S	L tate Medica	l Council v	vith which the	ر			
	• •	is registere						
		_	•	, <u></u>				
((b) Medical R	egistration	Number	:				<u></u>
14.	Permanen	t Address		15. C c	rrespo	ondence A	Address:	
Pin Cod	do:			Pin Code				
Mobile				Mobile No:				
E. Mail				E. Mail I.D.	<u> </u>			
				1 21 1 1 1 1 1 1 1	-			
16. I	Details of en	closures at	tached:					
DECLA	DATION to	ho signed	by the ca	ndidata				
DECLA	RATION to	<u>be signed</u>	by the Ca	muluate				
I hereby declare that I am an Indian National and all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the even of any information being found false or incorrect, my appointment will be liable to be terminated without any reason or prior notice. I also understand that in case of my final selection, my appointment will be provisional subject to satisfactory police verification.								
	Date: Place: (Signature of the applicant)							

<u>CERTIFICATE / NO OBJECTION BY THE PRESENT EMPLOYER</u>
(In case candidate is in Govt. / Semi Govt. / PSU/ Autonomous Body service etc.)

No	Date
Forwarded with the remarks t	hat there is no objection to the selection/appointment
of Dr	to the post applied for at JIPMER,
Puducherry-06	
Date:	Signature of the employer with Office Stamp

CHECK LIST FOR THE POST OF SENIOR RESIDENT ON ADHOC BASIS IN THE DISCIPLINE/DEPARTMENT OF

(Put a cross (X) wherever applicable)

1.	Certificate of Date of Birth Attached	:	
2.	Passport size photograph affixed and attested by a Gazetted Officer	:	
3	Degree Certificate for MBBS Internship completion Certificate, Medical Registration Certificate attached.	:	
4.	Mark Sheets, Attempt Certificate for M.B.B.S	:	
5.	Character Certificate attached	:	
6.	No Objection Certificate from the present Employer (if employed)	:	
7.	Degree Certificate for MD/MS/PG. Dip.	:	
8.	Bank Draft attached	:	
9.	Application duly signed	:	
10.	Community certificate attached (If applicable)	:	
	Signature of the Candidate:	·	
	Date	·	

BIO-DATA

Name of the department:-

1.	Applicant's I	Name (in BL	OCK LETTERS):-				
2.	Father's Nar	me	:-				
3.	Date of Birtl	h of Applicar	nt :-				
4			echnical/Professional				
	amination Passed	Subject	Name of College/ Institution	Name of University	Year of Passing with % of Marks	No.of attempts	
M.E	3.B.S.						
M.C)./M.S						
DNI	B/M.Ch/D.M						
05.	No. of paper	rs published	:-			1	
	National			International			
06.	Details of pr	rizes, :					
	2. Scholarships :						
	3. National/ International Awards and additional qualification such as membership of scientific societies etc.						
07.	. Any other information of meritorious nature.						
Date:	!						
	:			(Signature of the	applicant)		