

APPLICATION FORM

Application for “ICMR – Left and Right Ventricular Dysfunction, Cardiac Biomarkers and Cardiovascular Outcomes of Patients Undergoing Renal Transplant – A Prospective Cohort Study”
Lab Technician Post,
Department of Cardiology, JIPMER, Puducherry (March 2023)

Name of the Post (1) Lab Technician

PHOTO

1. Name in Block letters :
 2. Father/ Husband’s Name :
 3. Date of birth : D D M M Y Y Y Y

4. Age :
 5. Sex : Male , Female , Others
 6. Nationality :
 7. **Address** for communication including Pin code, (Write in CAPITAL):

Pincode: _____

Mobile Phone Number: _____

8. **Email Id:** _____

9. **Educational qualifications from matriculation/SSLC** (1 is the most recent degree):

| Sl. No | Educational Qualifications | Subject | Marks Obtained | Year of Passing | Name of the College, Board University |
|--------|----------------------------|---------|----------------|-----------------|---------------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4. | | | | | |

10. **Experience** (1 is the most recent experience):

| Sl. No. | Office Address | Post Held | From | To | No. of years and months (Experience) | Regular/ Temporary/ Contract |
|---------|----------------|-----------|------|----|--------------------------------------|------------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

11. a. Mother Tongue: _____

| b. Other Languages known: | Reading | Writing | Speaking |
|---------------------------|--------------------------|--------------------------|--------------------------|
| English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tamil | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

c. Ability to perform the following (tick all that is applicable)

ECG , Echocardiography , Cardiac Cath Lab

12. Why do you think you are the right candidate for the said post (*write briefly in English in own handwriting*)

13. Name, Address, Email ID & Mobile Number of two referees:

(i.) _____

(ii.) _____

14. List of attested copies attached along with application

- | | |
|---|--------------------------|
| 1. Aadhar Card (Identity Proof and Address Proof) | <input type="checkbox"/> |
| 2. Age Proof (Birth Certificate/ 10 th /12 th Certificate with age) | <input type="checkbox"/> |
| 3. Proof of Educational Qualifications (10 th) _____ | <input type="checkbox"/> |
| (HSC) _____ | <input type="checkbox"/> |
| (UG) _____ | <input type="checkbox"/> |
| (PG) _____ | <input type="checkbox"/> |
| 4. Proof of Experiences | <input type="checkbox"/> |
| 5. GCP Certification | <input type="checkbox"/> |
| 6. No Objection Certificate from employer if working as a permanent employee | <input type="checkbox"/> |

15. Declaration

I _____ hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligible and detected before or after Exam/Interview, I hereby convey my consent for cancellation of my candidature. Further, I declare I have gone through all the terms and conditions of appointment. I will abide the same and I will not claim any regularization.

Place:
Date:

Signature of the Candidate: