FORM - 1

JOINING REPORT

From

To

The Director,
JIPMER,
Puducherry – 6.

Sub: Joining in the post of Senior Resident– Reg.

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Sir,

With Reference to your Offer No.Edn. _____ dated _____ I have to state that I accepted your offer on the terms and conditions mentioned there in and report myself for duty as Senior Resident on the forenoon/ afternoon of _____ at the Jawaharlal Institute of Post-Graduate Medical Education and Research, Puducherry.

Thanking you,

Yours faithfully,

Place : Puducherry – 6
Dated:

FORM - 2

DECLARATION

I, _____, hereby undertake that I will not seek or apply for any appointment/post outside JIPMER before completing one year of service in this institution. I have not applied for any post outside so far.

DATE:

SIGNATURE :

NAME :

DESIGNATION:

DEPARTMENT :

DATE OF BIRTH DECLARATION

I, _____, declare hereby that I have gone through my Service Book and in particular the entry about my date of birth which is (in words) _____ _____ as recorded therein and this entry is correct and requires no change.

SIGNATURE :

NAME :

DESIGNATION :

DEPARTMENT :

Date :

FORM - 3

FORM-Family Details

NAME OF THE GOVERNMENT SERVANT:

DESIGNATION :

DATE OF BIRTH :

DATE OF APPOINTMENT :

DETAILS OF THE MEMBERS OF THE FAMILY AS ON _____

Sl. No.	Name of the Members of the Family*	Date of Birth	Relationship with the Officer	Occupation	Initials of the Head of Office
1					
2					
3					
4					
5					
6					

Any additions or alterations will be intimated to the office as and when crops up.

(SIGNATURE OF THE GOVT. SERVANT)

*Family for this purpose means:

i. Wife, in the case of a Male Government Servant.

ii. Husband, in the case of a Female Government Servant.

iii. Sons below Eighteen years of age and unmarried daughters below twenty one years of age, including such son or daughter adopted legally before retirement.

Note: Wife and Husband shall include judicially separated Wife and Husband.

FORM - 4

DECLARATION OF NAME AND ADDRESS OF NEXT KIN

1. Name of the Next Kin :
2. Relationship with the employee :
3. House Number :
4. Name of the Lane/Road/Street :
5. Village/Town/Post Office :
6. Taluk/Tahsil :
7. District :
8. State :
9. Details of the person related to the employee other than (1) above in the case of predeceasing the employee

    1) Name :
    2) Relationship :
    3) Post Office :
    4) Taluk :
    5) District :
    6) State :

Signature :

Name :

Designation :

Place :

Date :

FORM - 5

FORM TO BE FILLED BY NEWLY APPOINTED GOVERNMENT SERVANTS

1. Close relations who are national of/are domicile in other countries

Sl. No.	Name	Nationality	Present Address	Place of Birth	Occupation
1	Father				
2	Mother				
3	Wife/Husband				
4	Son(s)				
5	Daughter(s)				
6	Brother(s)				
7	Sister(s)				

2. Close relations who are residents of India and who are of Non-Indian Origin

Sl. No.	Name	Nationality	Present Address	Place of Birth	Occupation
1	Father				
2	Mother				
3	Wife/Husband				
4	Son(s)				
5	Daughter(s)				
6	Brother(s)				
7	Sister(s)				

I certify that the above information is correct and complete to the best of my knowledge and belief.

SIGNATURE :
NAME :
DESIGNATION :

Place :
Date :

NOTE

1. Suppression of information in any form will be considered a major departmental offence for which punishment will be awarded including dismissal from service.
2. Subsequent changes, if any, in the above data should be reported to the Head of Office Department at the end if of each year.

FORM - 6

DECLARATION TO BE OBTAINED FROM THE NEW ENTRANTS TO GOVERNMENT SERVICES

1. I, _____ declare as under:

   * i) that I am unmarried/a widower/ a widow.
   * ii) that I married and have only one spouse living.
   * iii) that I have entered into or contracted a marriage with a person having a spouse living,Application for grant of exemption is enclosed.
   * iv) that I have entered into or contracted a marriage with another person during the life time of my spouse. Application for grant of exemption I enclosed.

2. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to dismissed from service.

SIGNATURE :

NAME :

DESIGNATION :

Place:

Date:

* Delete clause not applicable

FORM - 7

DECLARATION OF HOME TOWN

I, _____ do hereby declare that my Home Town is _____ village in the District of _____ in the _____ State.

SIGNATURE :

NAME :

DESIGNATION :

Date:

COUNTERSIGNED

For DIRECTOR

……..

FORM - 8

FORM OF OATH/ AFFIRMATION

I, _____ do swear/ solemnly affirm that I will be faithful and bear true allegiance to India and to Constitution of India as by law established that I will uphold the sovereignty and integrity of India and that I will carry out the duties of my office loyally, honestly and with impartiality.

"So help me God".

Date: Signature of the Individual

Oath/affirmation taken in my presence

For Director

Date:

FORM - 9

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)

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UNDERTAKING

I, Dr _____ First year Senior Resident of _____ Course at Jawaharlal Institute of Post-Graduate Medical Education and Research, Puducherry, do hereby undertake to complete the said course as per the requirements of the Institute. In the event of my leaving the studies in mid-stream, I undertake to pay to the Government a sum of Rs. 50,000/- (Rupees Fifty Thousand only) if I discontinue the course on or before 31.01.2017; Rs. 2,00,000/- (Rupees Two Lakhs only) of I discontinue the course after 31.01.2017 and within the First Academic year and Rs. 5,00,000/- (Rupees Five Lakhs only) if I discontinue the course in the Second or Third Academic years. If I leave the course after 31st January 2017, I understand that I shall be debarred to appear for the Entrance Examination for Super Specialty Degree Courses of JIPMER for next three sessions.

Signature of the Candidate:

Name :

Date :

WITNESSES:

1. Name : Signature:
   Address :

2. Name : Signature:
   Address :

FORM –10

1—जीवन-वृत्त

1—BIO-DATA

* फोटोग्राफ
* Photograph

1. पूरा नाम (साफ अक्षरों में)
   Name in full (in block letters)

   श्री/श्रीमती/कुमारी
   Shri/Shrimati/Kumari

2. पिता का नाम (साफ अक्षरों में)
   Father's name (in block letters)

3. पति का नाम (साफ अक्षरों में)
   Husband's name (in block letters)

4. राष्ट्रीयता (यदि भारत का नागरिक नहीं है तो पात्रता प्रमाण-पत्र की संख्या तथा तारीख)
   Nationality (if not a citizen of India, number and date of eligibility certificate)

5. क्या अनुसूचित-जाति/जन जाति का है?
   Whether a member of Scheduled Caste/Tribe?

6. ईसवी सन और जहां कहीं संभव हो शक संवत में भी जन्म की तारीख (शब्दों और अंकों दोनों में)
   Date of birth by Christian Era and wherever possible also in Saka Era (both in words and figures.)

7. शैक्षिक योग्यताः
   Educational qualifications:

   (क) पहली नियुक्ति के समय
   (*a*) at the time of first appointment

   (ख) बाद में प्राप्त की गई
   (*b*) subsequently acquired

8. ऐसी व्यवसायिक तथा तकनीकी योग्यताएं जिनका उल्लेख उक्त 7 में न किया गया हो
   Professional and technical qualifications not covered by 7

9. नाप के अनुसार वास्तविक कद (बिना जूतों के)
   Exact height by measurement (without shoes)

10. पहचान का वैयक्तिक चिहन
    Personal mark of identification

11. स्थायी घर का पता
    Permanent home address

12. सरकारी कर्मचारी के हस्ताक्षर अथवा बाएं हाथ के अंगूठे का निशान (तारीख सहित)
    Signature or left hand thumb impression of the Government servant (with date)

13. साक्ष्यांकन अधिकारी के हस्ताक्षर तथा पदनाम (तारीख सहित)
    Signature and designation of attesting officer (with date)

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* चिपकाने से पहले कार्यालय अध्यक्ष द्वारा साक्ष्यांकित किया जाना है।
* To be attested by the Head of Office before pasting.

टिप्पणी :—सरकारी कर्मचारी की 10 वर्ष की सेवा के बाद नया फोटोग्राफ लगाया जाए।
Note :—Photograph should be renewed after 10 years of service of Government servant.