

**Jawaharlal Institute of Postgraduate Medical Education & Research**

Dhanvantri Nagar, Puducherry - 605006, India

Website: <http://jipmer.edu.in/>

Applicatio...

Hall Ticket

Personal DetailsApplication Number: **38540**Name of Applicant: **SULOCHANA P**Son/Daughter of: **POOSAPPAN C**Gender: **Female**Whether OPH: **No**Date Of Birth: **19/08/1992**Resident Indian National: **Yes**Overseas Citizen of India: **No****Candidate's ID Proof & Category details**ID Proof: **Voter ID Card**ID Proof no: **AWJ 0634709**

Are you an Indian Candidate Sponsored by Govt

(State/Central/Services) [OR] a Foreign National Candidate: **None of the above**Category: **Un Reserved (UR)****Qualification Details**Are you a Graduate (MBBS degree) from JIPMER: **No**MBBS Degree Recognized by MCI: **Yes**Service Candidate: **No**Name of State Medical Council: **TAMILNADU STATE MEDICAL COUNCIL**MBBS Registration Number: **119792**Name of college(MBBS): **COIMBATORE MEDICAL COLLEGE**Name of University(MBBS): **DR.M.G.R MEDICAL UNIVERSITY**Aggregate % of Marks: **71.4**Class/Grade: **FIRST**Date/Expected Date of Completion of Internship Training: **27/03/2016**Month and Year of passing MBBS **February 2015****Other Details**Parent's Educational Background: **Neither parents graduates**Parent's Occupation: **FARMER**Parent's Annual Income: **50K to 1 Lakh****Present Address Details**

Address Line 1: **1/46,VANNANKADU**
Address Line 2: **ORATHUPALAYAM**
Address Line 3: **SOUTH RAMALINGAPURAM POST**
Town/City: **Erode**
State: **Tamil Nadu**
Pincode: **638051**
Mobile No: **9986690198**
Email ID: **sulochanaparamasivan@gmail.com**

Permanent Address Details

Address Line 1: **1/46,VANNANKADU**
Address Line 2: **ORATHUPALAYAM**
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Exam City Preference Details

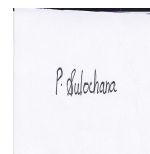
City 1: **Bengaluru**
City 2: **Coimbatore**
City 3: **Chennai**

Payment Details

Amount: **1200**
Payment Mode: **online**

Declaration

I hereby declare that I have carefully read the Prospectus and the Non-Disclosure agreement in Page No.17 of the prospectus. All the particulars stated in this application form are true and correct to the best of my knowledge and belief. If any of these information provided is found false/ incorrect, I shall abide by the actions and decisions taken by the Jawaharlal Institute of Postgraduate Medical Education & Research.



Candidate Signature