

Registration for Payment screen

Jawaharlal Institute of Postgraduate Medical Education & Research
Dhanvantri Nagar, Puducherry - 605006, India
Website: <http://jipmer.edu.in/>

Registration for Payment

Note Kindly use Internet Explorer(version 7 to 9) or Mozilla Firefox(14 to 27) or Google Chrome(20 to 33) to fill in the Application Form.
Please fill below details and submit the form to receive the user id and password through Mail and/or SMS.
After receiving User id and password, you have to Re-login to upload photograph and to print the same.

Registration Form

Note: Name and DOB to be entered as given in Xth / XIIth Std Certificate.

***Name of the Applicant**
(First Name) (Middle Name) (Last Name)

***Date of Birth**

***Category**

***Whether OPH** Yes No

Note: Refer Page 8 & 9 of Prospectus for OPH details.

***Email Address**

***Confirm Email**

***Mobile No**
(Enter your 10 digit without prefixing 0)

***Confirm Mobile No**

***Amount** Inclusive of charges

Note: General (UR) / OBC / NRI / OCI : 1000/- +Transaction Charges as applicable and
SC/ST/OPH : 800/- +Transaction Charges as applicable

***Payment Mode** Credit Card/Debit Card Net Banking

Declaration

The above details provided by me are correct and true to my knowledge.

Please enter the letters displayed in the image below.
If the image is not clear, click on "Can't read the text? Get a new image"

Can't read the text? Get a new image

Type the text shown in the image above

Click on SUBMIT to proceed.

Help

Note: On submission of this form you will receive your "user id" and "password" on your above registered "email id" and/or "mobile number".

Click "Register" after filling all the valid/mandatory details
Your Login details will be sent to your registered email address and mobile number.

I Agree

After successful registration and payment, You will receive the Login ID credentials on your E mail and Mobile#.

Application Login screen

Use the Login credentials in below Link :

<http://www.digialm.com/EForms/configuredHtml/827/1191/login.html>

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LOGIN

User Id
Password

Enter your Login details
Click "Login"

Application Details screen

Print Form Edit Logout

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Note: Application form has been registered successfully. Kindly Click Edit link on the top right side of this page to proceed.

Instruction:

- Beyond this screen, the details provided by you cannot be edited. So please pay attention.
- Any change in the below details will entail fresh registration for payment. No refund for earlier payment(s) will be entertained under no circumstances.

Applicant Details

Application Number:	90
Name of The Candidate:	SID JJJ
Date of Birth:	12/03/1989
Whether OPH:	Yes
Email ID:	a@a.com
Category:	UR-Unreserved

Declaration

I hereby declare that I have carefully read the instructions and 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

Version 7.01.02

Click "Edit" to fill in the application.

Application Form screen



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Application Form

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Use Mouse to move between fields for entry of data instead of using Tab Key.
Fields marked with *are mandatory.

1 Personal Information

Personal Details

Name of the Applicant
(First Name) (Middle Name) (Last Name)

*Father's Name
(First Name) (Middle Name) (Last Name)

*Mother's Name
(First Name) (Middle Name) (Last Name)

Note The date of birth should correspond to the entry in 10th Standard Marksheet/Certificate.

*Sex Male Female

Date of Birth

*Puducherry resident Yes No

*Non-resident Indian Yes No

Category

Whether OPH

*Overseas Citizen of India Yes No

*Nationality Indian Yes No

Qualification Details

Standard	Status	Subject	Name of School/ College	School/ College City	Name of the Board
12th	--Select--				--Select--

Other Details

*Parent's Educational Background --Select--

*Parent's/Gaurdian's Occupation --Select--

*Specify Occupation

*Parent's Annual Income --Select--

Permanent Address - to be used for verification

*Address Line 1

Address Line 2

Address Line 3

*Town/City

*State --Select--

*Pin code

*Mobile No

*Confirm Mobile No

*Email Address

*Confirm Email Address

Telephone No. STD Code Telephone No.

*Present address/Correspondence address Same as Permanent Address? Yes No

Exam City Preference

Note The Exam City preference is only indicative and subject to change. Jawaharlal Institute of Postgraduate Medical Education & Research retains the final decision on the same and its abrogation. If the Exam Seats are unavailable in chosen 3 Exam Cities, nearby exam cities will be considered and Test Centers may be within 0-45 Km's perimeter of the Test City preference.

*Zone --Select--

*Preferred Exam City Option 1: --Select--

*Preferred Exam City Option 2: --Select--

*Preferred Exam City Option 3: --Select--

Upload Scanned Copies

*Please upload scanned copies of your photo/signature.

Declaration

I hereby declare that I have carefully read the instructions and all the particulars stated in the 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.



Preview the actual application

Upload Photo and Signature by clicking "here"

Click "I Agree" after reading the Declaration

Click "Submit" after giving all the mandatory details

I Agree

Preview Application

Submit

Final Applicant Details screen

Print Form Logout



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Application Details

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Applicant Details



Application Number:	JIPMER9
Name of The Candidate:	S B K
Son/Daughter of:	B S K
Date of Birth:	12/31/1997
Sex:	Male
Whether OPH:	No
Resident Indian National:	Yes
Overseas Citizenship of India:	No
Puducherry resident:	No
Email ID:	a@a.com
Category:	UR-Unreserved
Mobile No:	8147091550
Preferred Exam City Option 1:	Guwahati
Preferred Exam City Option 2:	Durgapur
Preferred Exam City Option 3:	Hoogly



Declaration

I hereby declare that I have carefully read the instructions and 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