No./ MS Office/COVID19/Permits/ 25/03/2020-01

CIRCULAR

The employees of JIPMER are facing difficulty in coming for duty in view of the CURFEW imposed. To ensure smooth transit of employees through the borders of Pondicherry, Tamilnadu the employees are requested to download the PERMIT A (Employee Transit) fill it and get it signed by the undersigned for crossing the border.

Many employees are dropped/picked by their relatives/drivers and they will need to come and go back after drop or pickup. Those who need a permit for the same may download PERMIT B (Employee Transporter permit) fill it and get it signed by the undersigned for crossing the border.

Additional Medical Superintendent

Date: 25/03/2020
No./ MS Office/COVID19/ 25/03/2020-01 
Permit no: / 

Date: 25/03/2020

TRAVEL PERMIT – A

(Internal Transit between Puducherry & Tamilnadu)

This is to certify that the bearer of this letter ____________________________ (Name) is a bonafide employee of JIPMER with employee ID ____________________________ (Emp. ID), ____________________________ (Designation). He she stays at ____________________________ (address) and needs to cross the border from Tamilnadu to Puducherry and back for duty. The police officers at the TN-Pondy borders may kindly permit the entry of this employee who is a healthcare worker as it is an essential service.

Additional Medical Superintendent
Jawaharlal Institute of Postgraduate Medical Education & Research
(An Institution of National Importance under Ministry of Health & Family welfare)
GOVERNMENTOFINDIA
Dhanvantari Nagar, Puducherry- 605 006
Website: www.jipmer.edu.in
Phone: 0413-2296002, 0413-2272901 Fax: 0413 – 2272067-2272735

No. / MS Office/COVID19/ Permit/25/03/2020-02
Date: 25/03/2020

TRAVEL PERMIT – B
(Internal Transit within Puducherry)

This is to certify that the bearer of this permit ________________________________
(Name & Address) who is having a govt. ID No: ______________________ (ID Number) ____________(ID Type) is transporting a medical personnel ___________________ (Emp. Name) ___________________ (Emp. ID) working in JIPMER to and from work in the vehicle bearing Registration number ________________

The police personnel is hereby requested to permit the bearer to drop and pick up the staff member for the duty.

Additional Medical Superintendent