

Kerala State IT Mission
ICT Campus, Vellayambalam, Thiruvananthapuram-695033

Name of Post :

Applicant name :

Age :

Date of Birth :

Gender :

Marital Status :

Permanent Address :

Affix Passport size
photo

Address for Communication :

Mobile Number :

eMail ID :

Aadhar Number :

Educational Qualification

Sl No	Name of degree	Subject or Stream	Course Type (Regular, Distant, Part time etc)	Institution	University/ Board	Course duration (specify year of enrollment and year of award of degree certificate)	Percentage/ GPA/ CGPA

Additional Qualifications if any

SI No	Course/ Certification	Specialization	Institution	Date of expiry of certificate, if any

Experience

SI No	Organization	Designation	Job Role	Responsibilities	Period (specify month and year)		
					From	To	Total

Additional Skills if any

Declaration

The above mentioned facts are true and fair to the best of my knowledge and belief.

Place & Date

Name & Signature