श्री चित्रा तिरुवाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, त्रिवेंद्रम, तिरुवनन्तपुरम - 695 011, केरल, भारत SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM THIRUVANANTHAPURAM - 695 011, KERALA, INDIA

(एक राष्ट्रीय महत्व का संस्थान, विज्ञान और प्रौद्योगिकी विभाग, भारत सरकार) (An Institution of National Importance, Department of Science and Technology, Government of India) देलीफॉन नं./Telephone No.: 0471-2443152 फैक्स/Fax: 0471-2446433, 2550728 ई-मेल/E-mail: sct@sctimst.ac.in वेबसाइट/Website: www.sctimst.ac.in

RECRUITI	MENT	REPORT	FORM
VECVOIL	ATE:TAT	KELOKI	LOWN

			e filled by the candidate)		
					(Write Roll No.)
1.	Post applied for	:			
2.	Name of candidate (in capital letters)	:			
3.	i. Notified Reservation Category (SC/ST/OBC (NCL)/UR) to which you belong	:			
	ii. Specify Religion & Caste	:			
4.	Gender (Male/Female/Others)	:			
5.	Date of birth & Age	:			
6.	Present address with pin code	:			
7.	Permanent address with pin code	:			
8.	Contact no. (Landline & Mobile)	:			
9.	Email address	:			
10.	Father's name, occupation & address	:			
11.	If you belongs to PWD category (40% or more), write type of disability	:			
12.	i. Married or Single	:			
	ii. If married, write name and address of your spouse	:			
13.	Physical Characteristics	:	Height:	Weight :	
		(For (Affica IIaa Omlaa)		

(For Office Use Only)

1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					
Certificate Verification Particulars			Y/N	Remarks	
Qualificatio	n & Experience				
Desirable:	Computer Ope	eration			
Caste Certificate produced SC / ST / OBC		SC / ST / OBC / UR			
Age Relaxation given		SC / ST / OBC / PWD / Ex-servicemen			
		/ Widow/ Divorced Women/ Others			
Other Remarks (if any)					

1	15. If you are a professional (Medical : graduate/Nurse/Pharmacist etc.), write Reg. No.				16. Date and the State in : which you are registered in the concerned council			
1	 If any of your relatives em Institute, indicate name(s), Designation. 							
Sl. No	Academic record (from ma Name of examination passed	Name of Bo Universit	ard/	Year of Entry	Year of leaving	Date of passing	Percentage of marks	Rank/ Class/ Division/ Grade
Sl.	19. Previous Employment det Address of employer	tails Designation &	Natur	re of work	Day	iod of Experien	ace.	Reason for
No	(Specify No. of beds if worked in a hospital)	Salary	Natur	ZIOW 10 9.	From Date (DD/MM/YY)	To Date	Total	leaving
	20. If selected, approximate to21. Name and address of two	= -	oin dut	y:		1		1

I declare that the above furnished details are true and correct to the best of my knowledge and belief. I am aware that in the event of my furnishing any false information, the Institute reserves its right to terminate my service without

Declaration

Thiruvananthapuram

i. ii.

notice.

14. Identification marks

i. ii.