



SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY
BIOMEDICAL TECHNOLOGY WING, POOJAPPURA, THIRUVANANTHAPURAM – 12
(An Institute of National Importance under Govt. of India)

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Email-sct@scimst.ac.in. Website-www.scimst.ac.in

APPLICATION FORM

- 1) Name (in capitals) :
- 2) Post applied for :
- 3) Age and Date of Birth :
- 4) Sex :
- 5) Marital Status :
- 6) Community/Religion :
- 7) Nationality :
- 8) Address for correspondence with mobile :
number and e-mail ID
- 9) Permanent Address for correspondence with :
mobile number and e-mail ID
- 10) (a) Are you a member of the Schedule caste / :
Scheduled Tribe / OBC (Non creamy layer)? If
so, specify your caste.
- 11) Physical characteristics (i) Height :
(ii) Weight :
- 12) Identification marks
(i)
(ii)

13. Academic record (including course attended)

<i>Sl. No.</i>	<i>Name of Examination</i>	<i>Name of Board / University</i>	<i>Date of entry</i>	<i>Date of leaving</i>	<i>Year of passing</i>	<i>Rank / Class</i>

14. Previous employment history

<i>Sl. No.</i>	<i>Name & Address of employer</i>	<i>Designation & Salary Nature of work with grade</i>	<i>Period</i>		<i>Reason for leaving</i>
			<i>From</i>	<i>To</i>	

15. If selected, approximate time required to join duty:

16. Name & address of two references

(1)

(2)

DECLARATION

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 notice.

Thiruvananthapuram

Date:

Signature of the candidate