



**SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY**

*THIRUVANANTHAPURAM – 695011*

**INTERVIEW REPORT FORM**

*(All questions must be answered by the candidate)*

- 1) Name (**in BLOCK LETTERS**) :
- 2) Post applied for :
- 3) Present address with **telephone No.** :
- 4) Permanent address with telephone No. :
- 5) Father's name, occupation and address :
- 6) Sex :
- 7) Age & Date of birth :
- 8) Religion / Caste :
- 9) Married or single :
- 10) (a) Are you a member of the Schedule Caste?  
If so, specify your caste. :
- (b) Are you a member of the Schedule Tribe?  
If so, specify your caste :
- (c) If any of your relatives employed in this  
institute, indicate name(s), relationship,  
designation etc. :

11) If married give the name of your spouse & address :

12) Physical characteristics (i) Height :

(ii) Weight :

13) Identification marks

(i)

(ii)

14) Employment Exchange Reg. No. and Date :

15) If you are a medical graduate, note your Reg. No,  
date and the state in which you are registered. :

15(a) e-mail ID :

(PTO)

16) Academic record (including course attended)

<i><b>Sl. No</b></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>
1.	SSLC					
2.	PRE-DEGREE/+2					
3.						
4.						
5.						
6.						
7.						

17) Previous employment history

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

18) If selected, approximate time required to join duty :

19) Name & address of two references :

(i)

(ii)

**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`*