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

RECRUITMENT REPORT FORM

	(All fiel	lds must be 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 C	office Use Only)		

C	Certificate Verifi	cation Particulars	Y/N	Remarks	
Qualification & Experience					
Desirable:	Computer Ope	eration			
Caste Certificate produced		SC / ST / OBC / UR			
Age Relaxation given		SC / ST / OBC / PWD / Ex-servicemen			
		/ Widow/ Divorced Women/ Others			
Other Rema	ırks (if any)				
Name of Verifying Officer			Signature	e of Verifying Officer	

	Institute, indicate name(s), Designation.	relationship,						
Sl. No	Academic record (from ma Name of examination passed	Name of Bo Universit	ard/ Ye	ng cour ear of intry	Year of leaving	Date of passing	Percentage of marks	Rank/ Class/ Division/ Grade
			J.		1	l l		
	19. Previous Employment det			. 1				
Sl. No	Address of employer (Specify No. of beds if worked	ails Designation & Salary	Nature of v	vork	From Date	od of Experienc	Total	Reason for leaving
	Address of employer	Designation &	Nature of v	vork			Total	
	Address of employer (Specify No. of beds if worked	Designation &	Nature of v	work	From Date	To Date	Total	
	Address of employer (Specify No. of beds if worked	Designation &	Nature of v	work	From Date	To Date	Total	
	Address of employer (Specify No. of beds if worked	Designation &	Nature of v	work	From Date	To Date	Total	
	Address of employer (Specify No. of beds if worked	Designation &	Nature of v	work _	From Date	To Date	Total	
	Address of employer (Specify No. of beds if worked	Designation &	Nature of v	work	From Date	To Date	Total	
	Address of employer (Specify No. of beds if worked	Designation &	Nature of v	work _	From Date	To Date	Total	

<u>Declaration</u>
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

16. Date and the State in:

which you are registered

in the concerned council

14. Identification marks

write Reg. No.

15. If you are a professional (Medical:

graduate/Nurse/Pharmacist etc.),

17. If any of your relatives employed in this:

21. Name and address of two references:

i. ii.

Date:

Thiruvananthapuram

notice.

i. ii.

Signature of the candidate