

Application Format

Scheduled Tribe Student Empowerment Programs

Program Applied For :

Name of the applicant :

Date of birth :

Age as on 01.01.2020 :

Name of the father/guardian:

Gender : Male Female

Tribal community details of applicant (attach a certificate issued by an official not below the rank of a Tahsildar) :

Permanent address with Telephone No./Mobile No. & E-mail ID:

Address for correspondence with Telephone No./Mobile No. & E-mail ID:

Educational qualifications (to be attached with attested copy of the certificate as proof)

Sl. No.	Name of the course attended	Board/University	Marks scored (%)	Class obtained

Paste recent
passport size
photo

श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, तिरुवनन्तपुरम, केरल- 695 011

(एक राष्ट्रीय महत्त्व का संस्थान, विज्ञान एवं प्रौद्योगिकी विभाग, भारत सरकार)

SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY
THIRUVANANTHAPURAM, KERALA – 695 011

(An Institution of National Importance, Department of Science and Technology, Govt. of India)

टेलीफॉन नं./Telephone No.: 0471-2443152 फैक्स/Fax: 0471 -2446433, 2550728

ई-मेल/E-mail: sct@sctimst.ac.in वेबसाइट/Website: www.sctimst.ac.in

Experience (If any):

Sl. No.	Institution/ Organization	Date of joining	Date of leaving	Reason of leaving

Undertaking

I hereby declare that all the information stated above is correct to my knowledge and belief. I understand that if any of the above information found to be incorrect / suppressed, it will disqualify my candidature.

Date :

Signature of the applicant

Check list

1. Application form
2. Copies of the certificates of relevant qualification and experience
3. Caste certificate from not below the rank of a Tahsildar

For office use only

Application No.:

Scrutiny Result:

Date of Program:

Supervisor allotted: