



**SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY
TRIVANDRUM—695 011, INDIA.**

(An Institute of National Importance under Govt.of India)

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Email-reg@sctimst.ac.in Web site—www.sctimst.ac.in

No.DAA

Dated:

Subject: Application for Observership / Training / Project / Senior Resident (Please \checkmark one only)		Affix one recent passport size photograph
1.	Name (in Capital Letters) :	
2.	Father's Name :	
3.	Date of Birth :	
4.	Permanent Address :	
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5.	Correspondence Address :	
<hr/>		
6.	Telephone/Fax No. & Email Address (if any) :	
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7.	Academic Qualification (Graduate/Post Graduate) :	
<hr/>		
8.	Sponsored by (Please \checkmark one only) :	University / Hospital / Defence College Institution Personnel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9.	Sponsored Authority Name :	
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10.	If employed / Working :	
<hr/>		
(Name of Current post / Designation held & date of joining the post)		
11.	Working as Regular / Temporary / Ad-hoc / Contract / Practitioner :	
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12.	Specific period & Dates of training :	
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(Period/Duration of Training (in months), Start & End dates of Training)		
13.	Discipline / Department :	
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(Name of the Department in which training is required – only one department name is to be specified)		

DECLARATION: I do hereby declare that the information furnished above is true and correct to the best of my knowledge and I shall abide by the rules and regulation of the SCTIMST.

SIGNATURE OF THE APPLICANT

Sponsoring Authority (With Seal)

N.B. Please affix the following with the application

form:

i) Sponsoring Authority letter in Original.

ii) Attested copies of all Certificates /

Testimonials

(The candidate is advised to fill up each & every column of the application form.)

INCOMPLETE APPLICATIONS WILL BE REJECTED STRAIGHT AWAY