

## SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY THIRUVANANTHAPURAM—695 011, INDIA.

(An Institute of National Importance under Govt.of India)
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Date: 25.07.2019

Advt.No.P&A.II/ 377/SCTIMST/JSSC/2019

### NOTICE

Sub: Schedule of Written Test for the post of <u>Staff Nurse-A</u> under Direct Recruitment -Reg Ref: Advt.No.P&A.II/ 11/JSSC/SCTIMST/2019 dated 25.02.2019

Vide reference cited, applications were invited for the post of Staff Nurse under Direct Recruitment. In this regard, please find below the Schedule of Written Test & Skill Test of the post:

Sl.No	Name of the Post	Date & Time of Written Test
1	Staff Nurse -A	11/08/2019 at 10.00 a.m (Reporting Time 9.30 a.m)
	1	

Centre for examination will be St.Mary's School, Pattom, Thiruvananthapuram. <u>Medium</u> for Written Test will be English only. The result of the Written Test and the schedule o Skill Test to be held on subsequent days will be published in our notice boards and website on the same day. No separate Admit Card for Skill Test will be sent to the candidates. Candidates are requested to come prepared to stay at Trivandrum for one/two days.

TA for SC/ST candidates can be claimed only after the Written Test on submission of the To & Fro Original tickets along with the details of e-payment in a specified format, addressed to 'The Director, Sree Chitra Tirunal Institute for Medical Sciences & Technology, Medical College P.O., Thiruvananthapuram - 695 011, Kerala in an envelope superscribed as "TA claim bill for SC/ST candidates"

The Application form for TA claim and the format of the details of E-payment are appended in PDF format. The amount will directly be reimbursed to the candidate's bank account after scrutiny of the claim.

At the time of Written Test and Trade Test, the candidates must bring <u>Admit Card</u>, <u>Caste Certificate and all original certificates/mark lists/documents along with one set of self attested photocopy</u>, viz:

- a. System Generated online application form duly signed by the candidate.
- b. Caste Certificate as applicable (SC/ST) in the prescribed format applicable for employment in Central Government Institutions issued by a Revenue Officer not below the rank of Tahsildar.
- c. Photo ID Card bearing name as in the application form.
- d. Matriculation Certificate
- e. All Certificates in proof of qualification (from Pre degree/Plus two certificate onwards)
- f. Duly signed experience certificate issued by the competent authorities clearly indicating dates (from and to), stating the nature of the job and the required details as the notification demands.
- g. Physically Handicapped (Disability 40% or more) Certificate issued by Medical Board. (if applicable).
- h. No Objection Certificate from the present employer if employed in Govt./Semi Govt./Autonomous Bodies etc.
- i. Any other relevant certificate(s) as shown in the application.

Candidates who are provisionally eligible for written test may download Admit card from the Institute website one week before the date of written exam. No hard copy of the Admit card will be sent by the Institute.

Sr.Deputy Director(Admn)



## श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौघोगिकी संस्थान,तिरुवनन्दपुरम् - ६९५ ०११,केरल, भारत

# SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES &TECHNOLOGY THIRUVANANTHAPURAM – 695 011 KERALA, INDIA

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

(भारत सरकार के अघीन एक राष्ट्रीय महत्व सस्थान)

### TRAVEL EXPENSE CLAIM FORM FOR SC/ST CANDIDATES

Name of the candidate					Roll No.				
Mailing address as per application:-					Application Number				
					Catego	ory		SC/ST	
					Post applied for				
Pin Code	Pin Code					of Exam:			
Email id									
Mobile/T	el. No.				Date of	f Exam			
<u>JOURNE</u>	Y DETAILS <i>(SI</i>	eeper Cl	lass/Sec	ond Class Ti	rain far	e only)			
From			To			-		cet/ PNR no.	Amount
Date	Place of Depart	rture Date P		Place of A	Place of Arrival				(₹)
	•	_					Т	otal Amount	
<u> </u>									
BANK AC	CCOUNT DETA	ILS OF	THE C	CANDIDAT	<u>E:</u>				
Name of the Bank			Name of Account Holder						
Account Number		Branch Name							
IFSC Code	e	Branch Code							

I hereby declare that the information furnished by me in this form is true and correct to the best of my knowledge and belief.

Date: Signature of Candidate:

#### Enclosure:

- 1. Original Train Ticket towards proof of journey.
- 2. Copy of Caste Certificate (as applicable).

Payment will be made by NEFT subject to scrutiny of the TA claim form submitted along with supporting documents.