



SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM

THIRUVANANTHAPURAM - 695 011, KERALA, INDIA
(An Institute of National Importance under Govt. of India)
Phone : (91) 0471 2443 152, Fax : (91) 0471 2446 433, 2550 728
Email : sct@sctimst.ac.in, Web site : www.sctimst.ac.in

APPLICATION FOR THE POST OF DIRECTOR

Affix passport size
photograph

1. Name : _____
2. Gender : Male / Female / Other :
(Please tick)
3. Date of Birth : ____/____/____
4. Age : ____ Years ____ Months ____ Days
(As on 1st January, 2026)
5. Religion & Category : _____ , SC / ST / OBC / GEN
(Please tick)
6. Nationality : _____
7. Father's Name : _____
8. Mothers' Name : _____
9. Marital Status : _____
10. Address : _____

Address for Communication	Permanent Address
Pin Code: _____	Pin Code: _____

11. Mobile Number : _____ Telephone Number : _____
12. Email : _____
13. Are you person with disabilities : YES / NO (%of disability ,if yes)
14. Are you dismissed from service or Condemned by the court of Law : YES / NO
15. Mode of Recruitment : (Please tick the relevant option)

A. Direct Recruitment **B.** By Deputation including Short term Contract **C.** Re-employment

16. Academic and Professional Qualifications (Beginning with Graduation) (*add rows if required*)

Qualification	Name of the University / Institute / Board	Year of Passing	% of Marks	Class / Marks aggregate - Division

17. Field of Specialization :

18. Details of present employment

- i. Designation of the post held :
- ii. Responsibility : Administrative / Academic / Teaching /Other
(Please tick)
- iii. Level / Scale of pay of the post :
- iv. Total emoluments per month now drawn : Total :
(With break up – Basic, NPA, Others etc.)
Basic : NPA :
Others :
- v. Whether present post is held on regular / tenure /
Deputation or ad-hoc basis and since when :

vi. If on deputation, details of post held on :
Regular basis / scale of pay and since when

vii. Name of the Organization with full address :

viii. Name and Designation of the Contact Person :
with Telephone number and email id

ix. Category of the Organization. A. Central Government / State Government
B. PSU / Autonomous Body
C. Others (Please specify) :

19. Administrative Experience/Post(s) & Responsibilities held.(Except Point No 16)(add rows if required)

Name & address of employer/Organization / Institution	Period		Designation of the post held	Level / Scale of pay and Basic Pay (with Pay Band & GP/ NPA)	Description of work	Reasons for leaving the post
	From	To				

20. Academic / Teaching/Other Experience & Responsibilities in chronological order.(Except point no. 16)(add rows if required)

Name & address of employer/Organization / Institution	Period		Designation of the post held	Level / Scale of pay and Basic Pay (with Pay Band & GP/ NPA)	Description of work	Reasons for leaving the post
	From	To				

21. Honours/Awards & Fellowship for outstanding work: *(add rows if required)*

Name of Award / Fellowship etc.	Elected / Honorary Fellow	Awarded by	Year of Award

22. Research Projects *(add rows if required)*

Organization / Client Name	Nature of Project	Duration of Project	Amount of Grant (Rs.)

23. Publications *(add rows if required)*

Title & Year	Journal Name	Impact Factor, if any	No. of Authors	Author's Names

24. Why do you want to join as Director in SCTIMST?

25. What can you contribute to SCTIMST towards fulfilment of its mission and objectives (Please be specific and indicate measurable outcomes of your proposed steps)?

26. Achievements in your career which may support your candidature

27. References

	Reference I	Reference II
Name		
Position		
Organization / Institution		
Email id & Telephone Number		
Address for Communication		
Webpage (URL) if any		

28. Total No of Publications excluding review articles ,Conference abstracts and book chapters (*print any 10 publications of your choice and attach details as Annexure I*) : _____
29. Cumulative Impact Factor of all publications : _____
30. Number of Externally funded projects as PI(*attach details as Annexure II*) : _____
31. Number of Internally funded projects as PI(*attach details as Annexure III*) : _____
32. Number of International funded projects as PI(*attach details as Annexure IV*) : _____
33. Number of PhDs Trained / Training(*attach details as Annexure V*) : _____
34. Number of articles in Popular Magazines or news papers (*attach details as Annexure VI*) : _____
35. Number of presentation in International Conferences(*attach details as Annexure VII*) : _____
36. Number of presentation in National Conferences(*attach details as Annexure VIII*) : _____
37. Total No. of years in Teaching and / or Research Experience : _____ Years _____ Months
38. Total No. of years standing in the profession : _____ Years _____ Months
39. Check list of attachments required along with this application form.
- a) Proof of Date of Birth : YES / NO
- b) Attested copies of all Qualification Certificates : YES / NO
- c) Attested copies of all Experience Certificates : YES / NO
- d) Resume : YES / NO
- e) Annexure (I / II / III /IV / V / VI / VII / VIII) : YES / NO
(Please tick on relevant numbers)
- f) NOC / Cadre Clearance : YES / NO
(for Govt, Autonomous & PSU)
- g) Vigilance / Integrity Certificate : YES / NO
(for Govt, Autonomous & PSU)
- h) Consent for Technical Resignation from parent organisation : YES / NO
(for direct recruitment)

Declaration

I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue / false / incorrect or I do not satisfy the eligibility criteria, my candidature / appointment will be cancelled / terminated, without assigning any reasons thereof. I agree to abide by the rules, regulations and procedures for appointment to the post applied for.

Date: _____ (Name & Signature of the Candidate)

Place: _____