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

(Write	Roll No	٠,

	(All fiel	ds must b	(Write Roll No.)		
1.	Post applied for	:			(Write Ron No.)
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 Office Use Only)

Certificate Verification Particulars		Y/N	Remarks		
Qualification & Experience					
Desirable:	Computer Ope	eration			
Caste Certif	icate produced	SC / ST / OBC / UR			
Age Relaxation given SC / ST / OBC / PWD / Ex-s		ervicemen			
/-		/ Widow/ Divorced Women/ Others			
Other Rema	arks (if any)				
Name of Veri	ifying Officer		Signature	e of Verifying Officer	

		Oniversit	,	Entry	leaving	hassing	OI IIIdi K5	Grade
	19. Previous Employment det	zile						
	17. Trevious Employment det	alls						
Sl.	Address of employer	Designation &		ture of	Peri	od of Experie	nce	Reason for
Sl. No				ture of work	Peri From Date (DD/MM/YY)	od of Experien To Date (DD/MM/Y	Total	Reason for leaving
	Address of employer (Specify No. of beds if worked	Designation &			From Date	To Date	Total	
	Address of employer (Specify No. of beds if worked	Designation &			From Date	To Date	Total	
	Address of employer (Specify No. of beds if worked	Designation &			From Date	To Date	Total	
	Address of employer (Specify No. of beds if worked	Designation &			From Date	To Date	Total	
	Address of employer (Specify No. of beds if worked	Designation &			From Date	To Date	Total	
	Address of employer (Specify No. of beds if worked	Designation &			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:

Date of

which you are registered

in the concerned council

Percentage

Rank/ Class/

14. Identification marks

write Reg. No.

Designation.

S1.

15. If you are a professional (Medical:

graduate/Nurse/Pharmacist etc.),

Name of examination passed

21. Name and address of two references:

i. ii.

Date:

Thiruvananthapuram

notice.

17. If any of your relatives employed in this: Institute, indicate name(s), relationship,

18. Academic record (from matriculation onwards-including course attended)

Name of Board/

Year of

Year of

i. ii.

Signature of the candidate