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

	(All fie	lds must b	oe filled by the candid	date)	(Write Roll No.)		
1.	Post applied for	:			(Write Roll 140.)		
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: 50% marks in Degree				
Desirable: Dip/Cert in Front Office Mgmt (6mnths)				
Computer Operation				
Caste Certificate produced		SC / ST / OBC / UR		
Age Relaxation given		SC / ST / OBC / PWD / Ex-servicemen		
		/ Widow/ Divorced Women/ Others		
Other Remarks (if any)				
Name of Verifying Officer			Signature	re of Verifying Officer

1	15. If you are a professional (Medical : graduate/Nurse/Pharmacist etc.), write Reg. No.				16. Date and the State in : which you are registered in the concerned council				
	7. If any of your relatives emp Institute, indicate name(s), p Designation.8. Academic record (from mat	relationship,	ds-inc	luding cou	rse attende	ed)			
51. No	Name of examination passed	Name of Boa Universit	ard/	Year of Entry	Year of leaving		Date of passing	Percentage of marks	Rank/ Class/ Division/ Grade
1	10 th								
2	Plus Two								
3	Graduation: Subject								
4	Post Graduation Subject (if any):								
5	Others (if any)								
19. Previous Employment details									
Sl. No	Address of employer (Specify No. of beds if worked in a hospital)	Designation & Salary		ture of vork	From Dat (DD/MM/Y	æ	d of Experien To Date (DD/MM/YY	Total	Reason for leaving

20. If selected, approximate time required to join duty:

21. Name and address of two references:

i.

ii.

Declaration

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 notice.

Thiruvanantha	puram
---------------	-------

14. Identification marks

ii.

Date: Signature of the candidate