

SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY,
TRIVANDRUM

RECRUITMENT REPORT FORM
(All fields must be filled by the candidate)

(Write Roll No.)

1. Post applied for :
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/Transgender) :
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:			
Desirable:			
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 of Verifying Officer	

14. Identification marks

- i.
- ii.

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

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

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

Sl. No	Name of examination passed	Name of Board/ University	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): Subject:						
5	Others (if any)						

19. Previous Employment details

Sl. No	Address of employer (Specify No. of beds if worked in a hospital)	Designation & Salary	Nature of work	Period of Experience			Reason for leaving
				From Date (DD/MM/YY)	To Date (DD/MM/YY)	Total in years	

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.

Thiruvananthapuram

Date:

Signature of the candidate