

## STATE INSTITUTE OF MEDICAL EDUCATION AND TECHNOLOGY (SI-MET)

(Under Government of Kerala)
Pallimukku, Pettah P.O, Thiruvananthapuram Kerala State – 695024

## **APPLICATION FORM FOR NON TEACHING POSTS**

(As per Notification No. E/2000/2016/SI-MET dated 16/07/2016)

1	Name of the po	ost applied t	for	:									
2	Notification Number and date												
3	Name and Address of the												
	Candidate (Permanent)												
	Contact Address			:									
	Contact Address												
	Telephone (Land)		:										
	Telephone (Mobile)			:									
	Email ID			:									
4	Age & Date of Birth			:		· /=							
5	Gender				M	l/F							
6	Caste and Community			:							OBC/SC/ST		
7	Details of Application fee paid			:	Amount : Date :								
	through SBT C	hallan											
					SBT branch (remitted) :								
8	Academic and professional quali				, , , ,								
	SSLC/ Degree/Diploma			Board/ University/ Institution				/	Year of passing		Class/ Division /Grade		
					Institution			passing		/Grade			
9	Experience as	Experience as on 16/07/2016.											
	Post Held	Pei	Period		Total			Organiza	tion	Na	Nature of duties		
		From To		o		period							
10	Additional Qua	lification if c	any A	rad.	ami	ic and	+ -			<u> </u>			
10	professional qu	inication is	arry A	caut	<del>5</del> 1111	ic allu	-						
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## **DECLARATION**

Certified that the	information	furnished	ahove is	s true to	the hest	of my	knowledge	and helief
Ochunea unat une	IIIIOIIIIauoii	TUITIISHEU	above	s true to	แเบ มนั้งเ	OI IIIV	KIIOWICUUC	and belief

PLACE SIGNATURE :

DATE: NAME OF CANDIDATE: