



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

(Under Government of Kerala)

Pallimukku, Pettah P.O, Thiruvananthapuram Kerala State – 695024

APPLICATION FORM FOR TEACHING POSTS

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

1	Name of the post applied for	:			
2	Notification Number and date	:			
3	Name and Address of the Candidate (Permanent)	:			
	(Contact Address)	:			
	Telephone (Land)	:			
	Telephone (Mobile)	:			
	Email ID	:			
4	Age & Date of Birth	:			
5	Gender		M/F		
6	Caste and Community	:	OBC/SC/ST		
7	Academic and professional qualification		<i>(copy of certificates should be enclosed)</i>		
	Degree	University	Institution	Month & Year of passing	Percentage of marks
	B.Sc Nursing / PB.BSc Nursing				
	M.Sc Nursing				
	Addl. Qualifications:				
8	MSc Nursing Speciality	:			
9	Kerala Nursing Council Registration No. & Date	:			
10	Details of Application fee paid through SBT challan		Amount : SBT branch (remitted) :	Date:	
11	Experience as on 16/07/2016				
a	Total experience :		Year	Month	Days
	Clinical				
	School of Nursing (SON)				
	College of Nursing (CON)				
	TOTAL				
b	Total experience after MSc Nursing Degree		Year	Month	Days
	Clinical				
	School of Nursing (SON)				
	College of Nursing (CON)				
	TOTAL				
c	Presently working or not ; if working name of post & Institution				

DECLARATION

Certified that the information furnished above is true to the best of my knowledge and belief.

PLACE _____ SIGNATURE _____ :

DATE : _____ NAME OF CANDIDATE _____ :