

श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, त्रिवेंद्रम केरल $-\,695\,011$, भारत SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM KERALA — 695 011, INDIA (एक राष्ट्रीय महत्व का संस्थान , विज्ञान एवं प्रौद्योगिकी विभाग, भारत सरकार) (An Institution of National Importance, Department of Science and Technology, Govt. of India)

टेलीफॉनां/.Telephone No. 0471-2443152 फाक्स/Fax: 0471-2446433,2550728 ई-मेल/E-mail:sct@sctimst.ac.in वेबसाइद Website: www.sctimst.ac.in

Application Format

SC/ST Student Empowerment Programs	
Program Applied For :	Paste
Name of the applicant :	. recent
Date of birth :	passport size photo
Age as on 01.01.2022 :	
Name of the father/guardian:	
Gender : Male Female	
Tribal community details of applicant (attach a certificate issued by an official not below the rank of a Tahsildar)	
Permanent address with Telephone No./Mobile No. & E-mail ID:	TO ES
Address for correspondence with Telephone No./Mobile No. & E-mail ID:	
Educational qualifications (to be attached with attested copy of the certific proof)	cate as

SI. No.	Name of the course attended	Board/University	Marks scored (%)	Class obtained
	3.1	RIVANDRUM		



श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, त्रिवेंद्रम केरल- 695 011, भारत SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM KERALA — 695 011, INDIA (एक राष्ट्रीय महत्व का संस्थान , विज्ञान एवं प्रौद्योगिकी विभाग, भारत सरकार)

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Experience (If any):

SI. No.	Institution/ Organization	Date of joining	Date of leaving	Reason of leaving
		7	3	
		40	3	

<u>Undertaking</u>

I hereby declare that all the information stated above is correct to my knowledge and belief. I understand that if any of the above information found to be incorrect / suppressed, it will disqualify my candidature.

12/ 32111CTE .S. 12 1
Date: Signature of the applicant
15/4/ T \3\2\
Check list
1. Application form
Copies of the certificates of relevant qualification and experience
3. Caste certificate from not below the rank of a Tahsildar
(E/8/ 1 /2/E/
For office use only
Application No.:
Scrutiny Result:
Date of Program:
Supervisor allotted: