

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)

टेलीफॉन नं/.Telephone No. 0471-2443152 फाक्स/Fax: 0471-2446433,2550728 ई-मेल/E-mail :sct@sctimst.ac.in वेबसाइट/ 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 01.01.2023 :	
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:	
Address for correspondence with Telephone No./Mobile No. & E-mail ID:	
Educational qualifications (to be attached with attested copy of the certific	cate as
proof)	7

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
		2	S	
		40	70	

Undertaking

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.

	1151			13/	
Date:	5/	6/	A	Sign	ature of the applicant
		10/		131	191
Chec	k list	5/		(2)	151

- 1. Application form
- 2. Copies of the certificates of relevant qualification and experience
- 3. Caste certificate from not below the rank of a Tahsildar

E B E E
For office use only
Application No.:
Scrutiny Result:
Date of Program:
Supervisor allotted: