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

(Under Government of Kerala)

TC No. 94/2750, Pattoor, Vanchiyoor P.O, Thiruvananthapuram – 695035

APPLICATION FORM

1	Name of the post	:	Senior Superintendent
2	Notification Number and date	:	No. E/1186/2023/SI-MET dated 16/01/2024
3	Name and Address of the Candidate with district and pin code (Permanent)	:	
	Contact Address with district and pin code	:	
	Telephone (Land)	:	
	Telephone (Mobile)	:	;
	Email ID	:	
4	Age & Date of Birth	:	
5	Gender		M / F
6	Caste and Community	:	
7	Total years of service	:	
8	Total years of service in the post of Senior Superintendent and above	:	
9	Date of retirement and post :		
10	Academic and professional qualification		

Qualification	Board/ University/ Institution	Year of passing	Class/ Division /Grade

11	Experience					

Posts held	Period		Total period	Organization	Nature of duties
	From	To			

12	Whether having Computer knowledge	:	YES/ NO

DECLARATION

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

PLACE   SIGNATURE   :

DATE :   NAME OF CANDIDATE   :