

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						LD CLERK						
2	Notification Number and date						No. E/2092/2023/SI-MET dated 29/09/2023						
3	Name and Address	didate with d	:										
	and pin code (Per	manent)											
4	Contact Address with district and pin code												
5	Telephone (Mobile)		:	;									
6	Email ID		:										
7	Age & Date of Birth		:										
8	Gender						M/F						
9	Caste and Community												
							General / OBC/ SC/ST						
10	· · · · · · · · · · · · · · · · · · ·												
	Qualification Board/ University					Year of			Class/ Division				
		Institution				passi	sing /Grade						
11	Experience												
	Posts held	Per	riod	Total	C	Organization		Nature of duties					
		From	То	period									
12	Whether having Computer knowledge						: YES/ NO						
12	vinether having computer knowledge							1 L	.5, 140				
13	Fee remitted details with date of remittance												
	Presently working or not							\/-	C/NO				
14							YES/ NO						
		DECLARATION.											

DECLARATION

	Certified	that th	e information	furnished	above	is tru	e to	the	best	of m	าy	knowledge	and
belief.													

PLACE SIGNATURE :

DATE: NAME OF CANDIDATE: