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

(A Government of Kerala Undertaking)

***Chairperson*:**
Minister for Health, Government of Kerala
Vice Chairman:
Secretary, Health & Family Welfare
Director :
Dr. Asha S Kumar

TC 94/2750, Pattoor, Vanchiyoor P.O
Thiruvananthapuram Kerala State – 695035Phone/FAX
No. 0471 - 2302400
E-mail: simetkerala@gmail.com
Website : www.simetin

Notification No:B/333(1)/2026/SI-MET 3.11.2026

APPLICATIONS ARE INVITED FOR THE FACULTY POSITIONS IN SI-MET NURSING COLLEGE DHARMADAM,THALIPARAMBA AND UDUMA

State Institute of Medical Education and Technology (SI-MET), an institution under Government of Kerala invites applications for the following vacant faculty positions in SI-MET Nursing college Dharmadam, Thaliparamba (Kannur Dist.), Udma (Kasargod Dist.)

1. **ASSISTANT PROFESSOR** (8 Vacancies)
   - **Qualification:-** MSc Nursing
   - **Experience:-**Total 3 years teaching experience after MSc Nursing in a collegiate program
   - **Consolidated Pay per Month:-** Rs.33,320/- *
2. **LECTURER**(11 vacancies)
   - **Qualification:-** MSc Nursing
   - **Consolidated Pay per Month: -** Rs. 32,450/-*

Terms and conditions for appointment

- **Nature of appointment** :- Contract basis for one year and renewable based on satisfactory performance.
- **Candidates residing at Kannur and Kasargod district will be given preference. The appointments made to the vacant posts based on this notification is NON TRANSFERRABLE to other colleges of SI-MET.**
- **Age limit:-** The maximum age limit for candidates is up to 50 years. For retired hands upto 59 yrs
- **Application fee**:- Rs 250/- (General) and 100/- For (SC/ST)
- **Mode of payment**: Through **SB collect** link in website (www.simet in) /**Challan** forms may be downloaded from website and paid at any branch of SBI
- **Documents to be furnished**: Duly filled application form downloaded from the website www.simet.in along with detailed biodata, proof of age, copy of BSc Nursing, MSc Nursing degree certificates, Mark lists, Experience Certificates and valid KNMC Registration shall be addressed to **The Director, SI-MET Pattoor, Vanchiyoor P.O Thiruvananthapuram 695035.**
- Those eligible for communal reservation shall produce Caste/Community certificates, Non-creamy layer certificate.
- **Last date to receive application:-18.11.2026 before 5 pm**. Applications received after last date will be rejected

For more Details contact: 0471-2302400/9446028080/visit our website: - www.simet.in

*likely to be enhanced

3/11/26
Director

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

(Under Government of Kerala)

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

Photo

APPLICATION FORM

1	Name of the post	:	**LECTURER**
2	Notification Number and date	:	No. B/333(1)/2026/SI-MET dated3/11/2026
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 /Others
6	Caste and Community	:	General/ SC/ ST /OBC

7 Academic and professional qualification

Degree	Year and month of passing	Percentage of mark	Name of College & University	Remarks
BSc Nursing/ Post Basic BSc Nursing				
MSc Nursing				
Addl qualification if any				

8	MSc Nursing Speciality	
9	Kerala Nursing Council Registration No. & date valid upto	
10	Registration No. of additional qualification if any	
11	Fee remitted details with date of remittance and amount	

..PTO...2

12. **Details of Experience after B.Sc Nursing/ Post Basic BSc Nursing :**

Sl. No	Post Held	Clinical			Teaching												Total			Remarks
					GNM			B.Sc Nursing /PBBSc Nursing			M.Sc Nursing			Any Other						
		Y	M	D	Y	M	D	Y	M	D	Y	M	D	Y	M	D	Y	M	D	

13. **Details of Experience after MSc Nursing Passing on : (Month)/ (Year)**

Sl. No	Post Held	Clinical			Teaching												Total			Remarks
					GNM			B.Sc Nursing /PBBSc Nursing			M.Sc Nursing			Any Other						
		Y	M	D	Y	M	D	Y	M	D	Y	M	D	Y	M	D	Y	M	D	

14. **Institutions/ Colleges in which worked/ working after M.Sc Nursing Teaching experience**

Sl No	Name of Institution	Post held	Period From	To	Experience Y	M	D	Remarks

15. Presently working or not : Yes / No

If yes, name of post & address of Institution :

I declare that all the statements are true, complete and correct to the best of my knowledge and belief.

Date :

Signature of candidate

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Photo

APPLICATION FORM

1	Name of the post	:	**ASSISTANT PROFESSOR**
2	Notification Number and date	:	No. B/333(1)/2026/SI-MET dated 03.11.2026
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 /Others
6	Caste and Community	:	General/ SC/ ST /OBC
7	Academic and professional qualification		

Degree	Year and month of passing	Percentage of mark	Name of College & University	Remarks
BSc Nursing/ Post Basic BSc Nursing				
MSc Nursing				
Addl qualification if any				

8	MSc Nursing Speciality	
9	Kerala Nursing Council Registration No. & date valid upto	
10	Registration No. of additional qualification if any	
11	Fee remitted details with date of remittance and amount	

..PTO...2

12. **Details of Experience after B.Sc Nursing/ Post Basic BSc Nursing :**

Sl. No	Post Held	Clinical			Teaching												Total			Remarks
					GNM			B.Sc Nursing /PBBSc Nursing			M.Sc Nursing			Any Other						
		Y	M	D	Y	M	D	Y	M	D	Y	M	D	Y	M	D	Y	M	D	

13. **Details of Experience after MSc Nursing Passing on : (Month)/ (Year)**

Sl. No	Post Held	Clinical			Teaching												Total			Remarks
					GNM			B.Sc Nursing /PBBSc Nursing			M.Sc Nursing			Any Other						
		Y	M	D	Y	M	D	Y	M	D	Y	M	D	Y	M	D	Y	M	D	

14. **Institutions/ Colleges in which worked/ working after M.Sc Nursing Teaching experience**

Sl No	Name of Institution	Post held	Period From	To	Experience Y	M	D	Remarks

15. Presently working or not : Yes / No

If yes, name of post & address of Institution :

I declare that all the statements are true, complete and correct to the best of my knowledge and belief.

Date :

Signature of candidate