



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

(Under Government of Kerala)

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

Photo

APPLICATION FORM

1	Name of the post	:	ASSISTANT PROFESSOR		
2	Notification Number and date	:	No. B/54/2025/SI-MET dated 26/07/2025		
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				

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

Sl. No	Post Held	Clinical			Teaching												Total			Remarks
					GNM			B.Sc Nursing /PBBS Nursing			M.Sc Nursing			Any Other						
		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 /PBBS Nursing			M.Sc Nursing			Any Other								
		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		Experience	Remarks
			From	To	Y M D	

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