

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			:	ASSISTANT PROFES	SSOR	
2	Notification Number	er and date		:	No. B/54/2025/SI-MET	dated 26/07/2025	
3	Name and Addres	s of the candidate	with	:	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER	annen erakan kan kan kan kan kan kan kan kan kan	The state of the s
	district and pin cod	de (Permanent)			6.7	•	
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	Contact Address v	with district and nin	codo	:			
	Contact Address v	vitir district and pin	code	•			
	Telephone (Land)			:		***************************************	manina () V servijski populjuju arginjaji
	Telephone (Mobile	e)		:		* ***	
:	Email ID						
				•			
4	Age & Date of Birt	h					
5	Gender				M / F /Others		
6	Caste and Commu	unity		:		General/SC/ST	/OBC
7	Academic and pro	fessional qualificat	ion	l		Annual Control of the state of	
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	Degree	Year and month	Percent	tage	Name of College	Remarks	
	Degree	Year and month of passing	Percent of ma	_	Name of College & University	Remarks	
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	Nursing/ Post		ł .	_		Remarks	
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12. Details of Experience after B.Sc Nursing/ Post Basic BSc Nursing:

Sl.	Post Held	C	linio	cal		Teaching						Total			Remarks					
No					C	INi	M	B.S	c Nur	sing	I	M.S	С		Any	7				
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13. Details of Experience after MSc Nursing Passing on : (Mo	nth)/	(Year)
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Sl.	Post Held	Clinical		Teac	hing	,	Total	Remarks
No			GNM	B.Sc Nursing	M.Sc	Any		
				/PBBSc	Nursing	Other		
	•			Nursing				
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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
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15.	Presently	working	or not	
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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