



**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	:	<b>DRIVER</b>			
2	Notification Number and date	:	No.B/693/2025/SI-MET dated 21.02.2025			
3	Name and Address of the Candidate with district and pin code (Permanent)	:				
4	Contact Address with district and pin code	:				
5	Telephone (Mobile)	:	;			
6	Email ID	:				
7	Age & Date of Birth	:				
8	Gender	:	M / F/Others			
9	Caste and Community	:	General / OBC/ SC/ST			
10	Academic 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	LMV license No:				Valid up to:	
13	HMV license No:				Valid up to:	
14	Fee remitted details with date of remittance					
15	Presently working or not		YES/ NO			

**DECLARATION**

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

PLACE  
DATE :

SIGNATURE :  
NAME OF CANDIDATE :