STATE INSTITUTE OF MEDICAL EDUCATION AND

TECHNOLOGY (SI-MET)

(Under Government of Kerala)
TC No. 94/2750, Pattoor, Vanchiyoor P.O, Thiruvananthapuram – 695035

РНОТО

APPLICATION FORM

1	Name of the post					Senior Superintendent				
2	Notification Number and date					No. B/3934/2025SI-MET dated				
						22/09/2	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/O	ther	S		
6	Caste and Community									
7	Total years of service									
8	Total years of service in the post of Senior									
9	Superintendent and above Date of retirement and post :									
10	Academic and professional qualification									
10	Qualification Board/ Universit					y/ Year of Class/ Division				
			Institution		,	pass			/Grade	
							_			
11	Experience									
11	Posts held	Per	riod	Total) Drganiza	tion		Nature of duties	
	1 ooto noid	From	To	period		Jigamza	ii.Zdtioi i		. tatalo ol dalloo	
				'						
12	Whether having Computer knowledge					: YES/ NO				

DECLARATION

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

DATE: NAME OF CANDIDATE: