



श्री चित्रा तिरुनाल आयुर्विज्ञान एवं प्रौद्योगिकी संस्थान, त्रिवेंद्रम, जैवचिकित्सकीय प्रौद्योगिकी स्कंध
पूजप्पुरा, तिरुवनन्तपुरम- 695012, केरल, भारत
SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM
BIO MEDICAL TECHNOLOGY WING

POOJAPPURA, THIRUVANANTHAPURAM – 695 012, KERALA, INDIA

(एक राष्ट्रीय महत्व का संस्थान, विज्ञान एवं प्रौद्योगिकी विभाग, भारत सरकार)

(An Institution of National Importance, Department of Science and Technology, Government of India)

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P&A.II/34/Driver (On Contract)/BMT-SCTIMST/2021

29.12.2021

**RANK LIST OF SELECTED CANDIDATES FOR THE POST OF
DRIVER (ON CONTRACT)**

(Selection held on 22.12.2021)

Sl.No	Name	Rank.No.
1	Mr.Renjith R S	1
2	Mr.Bala Indu Kumar B I	WL-1
3	Mr.Sujith J S	WL-2

The Rank List will be valid for a period of one year from 28.12.2021 and appointment will be made subject to availability of vacancy/requirement.

See thml
30/12/21
ADMINISTRATIVE OFFICER

Notice Board (BMT Wing/AMC/Hospital), Website

श्री चित्र तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान

तिरुवनन्तपुरम-695 011, केरल, इंडिया

SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY

THIRUVANANTHAPURAM-695 011

APPLICATION FOR LEAVE OTHER THAN CASUAL LEAVE

LEAVE ADDRESS

- Name of applicant Dr. T.V. ANIL KUMAR
- Employee code No. 1635
- Post held Scin. Lt - G
- Ward / Dept. / Div. where posted to work Experimental Pathology
- Nature of leave applied for Half-Pay Leave
- Period of leave applied for 06, 07, 08, 13, 14, 15, 21, 22, 29th December 2021
(09 days)
- Sundays & Holidays if any proposed to be prefixed/suffixed to leave.....
- Ground on which leave is applied for Nil
Visiting Professor at IISER-TVM as per
order No. P.A. 4/14/B.M.T./Sc. TMSI/Regy
dated 18/08/2021
- Date of return from last leave and nature and period of that leave.....
- No. of living children, if the application is for Maternity/abortion leave..... N.A.
- I will submit rejoining report immediately on return from leave

Attd
Signature of applicant (with date) 23/12/2021

- Remarks and / or recommendation of the Controlling Officer.

Signature with date
(Designation)

CERTIFICATE REGARDING THE ADMISSIBILITY OF LEAVE (By the per. & Adm. Divn.)

- Certified that she / he has days of Earned leave and 2.20 Half pay leave to her / his credit as on 31/12/2021..... She/ He may be granted
..... days Earned leave
00, 06, 07, 08, 13, 14, 15, 21, 22, 29th Dec 2021 days Half pay leave
..... days of Commuted leave
..... days of Maternity leave
..... days of Special leave
The period of leave will / will not count for grant of increment.

Balance of Leave

E.L	H.P.L
↙	211

HP- 34258,
34259,
34260
34261
etc
29/12/21

Signature (with date)
Office Supdt.

- Orders of the sanctioning authority

Sanctioned / Not Sanctioned 31-12-21

Signature with date

Head, BMT Wing

See thm
30/12/21

DIRECTOR / MED.SUPT / D.D(A) / A.O

श्री चित्र तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान

तिरुवनन्तपुरम-695 011, केरल, इंडिया

SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY

THIRUVANANTHAPURAM-695 011

APPLICATION FOR LEAVE OTHER THAN CASUAL LEAVE

LEAVE ADDRESS

- Name of applicant *Anjana. u*
- Employee code No. *8055*
- Post held..... *Project Assistant (Lab)*
- Ward / Dept. / Div. where posted to work..... *Molecular Medicine*
- Nature of leave applied for *EOL*
- Period of leave applied for *9-14 Nov '2021 (6 days)*
- Sundays & Holidays if any proposed to be prefixed/suffixed to leave.....
- Ground on which leave is applied for..... *covid treatment*
- Date of return from last leave and nature and period of that leave.....
- No. of living children, if the application is for Maternity/abortion leave.....
- I will submit rejoining report immediately on return from leave

Anjana
21/12/21

Signature of applicant
(with date)

- Remarks and / or recommendation of the Controlling Officer.

Recommended

[Signature]
21/12/21

Signature with date
(Designation)

CERTIFICATE REGARDING THE ADMISSIBILITY OF LEAVE (By the per. & Adm. Divn.)

- Certified that she / he hasdays of Earned leave andHalf pay leave to her / his credit as onShe/ He may be granted
Loss of pay 6 days from 9/11/21 - 14/11/2021days Earned leave
.....days Half pay leave
.....days of Commuted leave
.....days of Maternity leave
.....days of Special leave
The period of leave will / will not count for grant of increment.

Balance of Leave

E.L	H.PL

EP - 34254

me

Sanctioned
30/12/21

Signature (with date)
Office Supdt.

- Orders of the sanctioning authority

Sanctioned / Not Sanctioned

[Signature]
30/12/21

Signature with date Head, BMT Wing