

RECRUITMENT REPORT FORM

(All fields must be filled by the candidate)

1. Post applied for :
2. Project No. & Title :
3. Name of candidate (in capital letters) :
4. i. Notified Reservation Category (SC/ST/
OBC (NCL)/UR) to which you belong :
- ii. Specify Religion & Caste :
5. Gender (Male/Female/Transgender) :
6. Date of birth & Age :
7. Present address with pin code :
8. Permanent address with pin code :
9. **Contact no. (Landline & Mobile)** :
10. **Email address** :
11. Father's name, occupation & address :
12. i. Married or Single :
- ii. If married, write name and address
of your spouse :
13. Physical Characteristics : Height : Weight :
14. Identification marks
i.
ii.
15. If you are a professional (Medical : 15 (i) Date of registration:
graduate/Nurse/Pharmacist etc.),
write Reg. No. 15 (ii) State of registration:
16. If any of your relatives are employed in this :
Institute, indicate name(s), relationship,
Designation.

17. Academic record (from matriculation onwards-including course attended)

| Sl. No | Name of examination passed | Name of Board/ University | Year of Entry | Year of leaving | Date of passing | Percentage of marks | Rank/ Class/ Division/ Grade |
|--------|---|---------------------------|---------------|-----------------|-----------------|---------------------|------------------------------|
| 1 | 10 th | | | | | | |
| 2 | Plus Two | | | | | | |
| 3 | Graduation: Subject: | | | | | | |
| 4 | Post Graduation Subject (if any): Subject: | | | | | | |
| 5 | Others (if any) | | | | | | |
| | | | | | | | |
| | | | | | | | |

18. Previous Employment details

| Sl. No | Address of employer (Specify No. of beds if worked in a hospital) | Designation & Salary | Nature of work | Period of Experience | | | Reason for leaving |
|--------|--|----------------------|----------------|-------------------------|-----------------------|----------------|--------------------|
| | | | | From Date (DD/MM/YY) | To Date (DD/MM/YY) | Total in years | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

19. If selected, approximate time required to join duty:

20. Name and address of two references:

- i.
- ii.

Declaration

I declare that the above furnished details are true and correct to the best of my knowledge and belief. I am aware that in the event of my furnishing any false information, the Institute reserves its right to terminate my service without notice.

Thiruvananthapuram

Date:

Signature of the candidate

Note: Attach self attested copy of the following certificate(s)

- a) Xth Std certificate
- b) Graduation / Diploma Certificate
- c) Graduation / Diploma Mark List
- d) Post Graduation Certificate
- e) Post Graduation Mark List
- f) Valid certificates to prove SC / ST / OBC (Non-creamy layer) / EWS
- g) Biodata