Kerala State IT Mission ICT Campus, Vellayambalam, Thiruvananthapuram-695033

Name of Post	•	
Name of Fost	•	
Applicant name	:	Affix Passport size
Age	:	photo
Date of Birth	:	
Gender	:	
Marital Status	:	
Permanent Address:		
Address for Communicat	tion:	
Mobile Number	:	
eMail ID	:	
Aadhar Number	•	

Educational Qualification

SI No	Name of degree	Subject or Stream	Course Type (Regular, Distant, Part time etc)	Institution	University/ Board	Course duration (specify year of enrollment and year of award of degree certificate)	Percenta ge/ GPA/ CGPA

Additional Qualifications if any

SI No	Course/ Certification	Specialization	Institution	Date of expiry of certificate, if any

Experience

SI No	Organization	Designation	Job Role	Responsibilities	Period (specify month and year)		
					From	То	Total

Additional Skills if any

<u>Declaration</u>

The above mentioned facts are true and fair to the best of my knowledge and belief.

Place & Date

Name & Signature