

**SCHIEFFELIN INSTITUTE OF HEALTH - RESEARCH & LEPROSY CENTRE,  
KARIGIRI – 632 106**

Application for the post of \_\_\_\_\_

Full Name (in block letters)

Present Address				Permanent Address			

Age (with proof thereof)	Date of Birth	Contact no/Phone No

Nationality	Mother tongue	Religion (if Christian – church affiliation)

Language Known	1	2	3	4			
Speak							
Read							
Write							

Name of Father/Guardian	Address	Occupation

Marital Status: Single/Married/Widow(er)

Dependents	Name	Sex	Age	DoB	Relationship
1					
2					
3					

In case of emergency, person to whom intimation should be sent

Name \_\_\_\_\_ Ph. /Mob. no. \_\_\_\_\_

Give details here of your literary, cultural, games, sports etc., ability and achievements (if any)

Give details of relatives/persons known to you employed in this institution (if any):

	Name	Department	Relationship
1			
2			

**Academic And Professional Qualifications**

Sl.No	Degree/Diploma/Certificate/Examination	University/College/School	Year of completion	Division/class/percentage
1				
2				
3				
4				
5				

**Experience**

Sl.No	Present & past employer's name and address	From	Till	Last salary drawn	Other benefits	Nature of work	Reason for leaving
1							
2							
3							
4							
5							
6							

If select, probable date of joining: \_\_\_\_\_

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Give names of three referees who are not related to you

	Name	Address	Occupation
1			
2			
3			

**Declaration**

I \_\_\_\_\_ certify that all the information provided by me herein is correct and complete to the best of my knowledge and belief and nothing has been concealed, I am not aware of any information or circumstances which might impair my fitness for employment in SCHIEFFELIN INSTITUTE OF HEALTH – RESEARCH & LEPROSY CENTRE, Karigiri. I agree that if I am appointed I shall abide by the rules and regulations of the institution and hereby terms and conditions of service as they exist at the time of appointment and as they may be modified from time to time by the authorities.

Signature of the Applicant