

INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH THIRUVANANTHAPURAM CET Campus, Thiruvananthapuram-695016

(All the columns are to be filled in neatly in capital letters or printed on A-4 size paper)

APPLICATION FOR THE POST OF **PSYCHOLOGIST / PSYCHIATRIST (**on short term contract basis) (TICK THE APPROPRIATE) Advertisement No._____ Affix self attested 1. Name of the Applicant: ___ Passport size Photograph (BLOCK LETTERS ONLY) 2. Date of Birth: ____/___ Age (as on last date of receipt of applications):_____ 3. Gender: Male/Female/ Others 4. Nationality: _____ 5. Father's / Husband's Name: 6. a. Postal address for communication: b. Permanent Address: 7. a. Telephone No. & Mobile No. b. E-mail (compulsory) c. Fax No. 8. Educational Qualifications as per advertisement (Attach copies of certificates / mark sheets, etc.) Division Examination Board/ Year of Subjects studied Duration With %of Passed University Specialization passing marks

| | Department/ Organization/Company | Period of employment | | | Present/last | Nature of |
|---------------|--|----------------------|--------------------------|-------------------|-----------------------|-----------------|
| Posts held | | From | То | Scale of pay | pay & Gross Amount | duties |
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| | ebriefly the specialized prextra sheets if required) | ofessional 6 | experiences, s | skills and exper | tise, you have a | cquired: |
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| 11. If appoin | ited, how much time you | require for j | joining the po | ost: | | |
| 12. Any oth | er relevant information:_ | | | | | |
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| 12 Nama A | ddress, Telephone No. an | d E mail ID | of at least twy | a rafaraga | | |
| 13. Name, A | udress, relephone No. am | u E-IIIaii ID | oi at least two | referees: | | |
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| 2. | | | | | | |
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| 14 Details o | f Enclosures: Copies of | certificates | (self attested) |) for proof of Ac | ge, Qualification | and Evnerience |
| 11. Details 0 | • | | | • | | ана Ехрепене |
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| 1. I he | reby declare that I have | | eclaration ead and fully | understood a | ll the instruction | ons and details |
| pert | aining to the post being | applied by | me and all st | atements made | and information | |
| | application are true and on declare that I have not | | | | | ny candidature |
| for t | he post applied for. In the | e event of su | appression or | distortion of a | ny fact includin | g category, age |
| | ducational qualification, employment in the Instit | | | | | |
| | ices will be terminated fo | | caa, cmpi | -, ca on any or | posto in til | moneuco, my |
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| Place: | | | | | | |

Date: ___

9. Experience details starting with the most recent (attach separate sheet, if necessary)

Signature of the candidate