K-SOTTO
KERALA STATE ORGAN AND TISSUE TRANSPLANT ORGANIZATION

Near Super Specialty Block, Government Medical College, Thiruvananthapuram, Kerala
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APPLICATION FORM

Roll No:	For Office use only	Interview Date:	DD - MM - YYYY

01.	Post Applied For			Photograph *(Please affix a passport size photo)*
02.	Name of the Candidate			
03.	Permanent & Present Address			

04.	Mobile No. (Primary & Alternate)		
05.	E-mail ID		
06.	Gender & Marital Status		
07.	Age and Date of Birth		
08.	Caste and Religion		

For Office Use Only. Checked and Verified by …… (Name) …… (Signature)

09.	**Identity Card Details:**	**Aadhaar No:**	
10.	**Name of Father & Mother**		
11.	**Current Employment:** **Post Held & Period of Employment**		
12.	**Current Employment – Name of the Institution**		

13. Educational Qualifications (Commencing with Matriculation or Equivalent Examination)

Exam Passed	Percentage of Marks	CGPA		Year of Passing	Subjects	Certificate No	Name of the Institution	Name of the University/Board	Verification (for Office use only)
		Score	Out of						

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14. Work Experience				
No.	**Post Held**	**Institution/Hospital**	**Period**	**Verification (for Office use only)**

Self-Declaration

I, hereby declare that all statements and entries made in columns 1 to 14 are true, complete and correct to the best of my knowledge and belief. I have read the notification regarding the creation of the post and terms and conditions of the appointment and understand that in the event of any information being found false or incorrect or ineligibility being detected before or after the interview, action can be taken against me by the K-SOTTO. I further declare that I fulfil all the eligibility conditions regarding age limits, educational qualifications etc. prescribed for admission to the interview. I have not withhold any information required as per this proforma. I have read the rules and instructions carefully and I hereby undertake to abide by them. I have informed my present employer in writing that I have applied for this post.

Place: Name of the Candidate:

Date: Signature of the Candidate:

For Office Use Only. Checked and Verified by …… (Name) …… (Signature)