



## KERALA STATE ORGAN AND TISSUE TRANSPLANT ORGANISATION

Registered under Travancore Cochin Literary, Scientific & Charitable Societies Act 1955

Reg. No. TVM/TC/669/2021

Instituted under sec 31(2) of the THO&TR 2014 and notified as per SRO No. 691/2022

Old House Surgeon Quarters, Near Super Specialty Block

Govt. Medical College, Thiruvananthapuram -695011, Kerala, Ph: +91 471 2528658

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### APPLICATION FORM

Photograph  
(Please affix a passport  
size photo)

Name of the post applied for:

☐ Transplant Coordinator

1.	Name of the Candidate	
2.	Permanent Address	
3.	Present Address	
4.	Residential Phone No	
5.	Mobile Phone No.	
6.	E-mail ID	
7.	Gender	
8.	Marital Status	
9.	Age and Date of Birth	
10.	Religion and Caste	
11.	Name of Father	
12.	Name of Mother	
13.	Current employment – Post held	
14.	Current employment – Name of the institution	
15.	Current employment – Period of employment	

16. Educational Qualifications (Commencing with Matriculation or equivalent examination)

Exam Passed	Percentage of Marks	CGPA		Year of Passing	Subjects	Name of the institution	Name of the University/Board
		Score	Out of				

### 17. Work Experience

Sl No	Post held	Institution/Hospital	Period

### Self-Declaration

I, hereby declare that all statements and entries made in columns 1 to 17 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 declares that I fulfil all the eligibility condition 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 undertaken 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: