



Kerala State AIDS Control Society

Red Cross Road

Thiruvananthapuram -695035

www.ksacs.kerala.gov.in

APPLICATION FOR THE POST OF DEPUTY DIRECTOR (CST)

Category number* :

Name (in Block Letters)* :

Age* :

Date of birth (dd-mm-yyyy)*:

Aadhaar Number* :

Gender* : Male ☐ Female ☐

Marital status* :

Religion : Caste :

Address for communication*:
(With PIN code)

Permanent Address * :

Phone (With STD Code)* :

Mobile* :

Email :

Languages known* :

Paste your recent
passport size
photograph here

Are you a regular employee of State Govt. Or Central Govt. : Yes ☐ No ☐

If Yes Give Details

Are you convicted / accused in a criminal case : Yes ☐ No ☐

If Yes Give Details

Educational Qualifications*:

Qualification	School / College / Institute	University /Board	% of mark	Year of passing
SSLC				
+2				
Degree in Medicine				
PG/Any Other				

Work Experience*:

Period		Organisation	Designation	Job responsibilities
From	To			

*These fields are **mandatory**. Attested copies of Certificates showing qualification and experience shall be attached.

DECLARATION

I hereby declare that the above mentioned details are true and correct to the best of my knowledge. I understand that my candidature will be cancelled if any information mentioned above found to be false or incorrect.

Date:

Signature:

Place:

Name:

(For Office use only)

1)Certificates Enclosed

Yes ☐

No ☐

2)Qualification Adequate

Yes ☐

No ☐

3)Experience Adequate

Yes ☐

No ☐

4)Whether eligible to shortlist

Yes ☐

No ☐

If no, reason for Rejection :

Date:

Project Director