



Kerala State AIDS Control Society

Red Cross Road
Thiruvananthapuram -695035
www.ksacs.kerala.gov.in

APPLICATION FORM

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Post Applied For : Assistant Director (ICTC)

Category number :

Name (in Block Letter) :

Date of birth (dd-mm-yyyy) :

Age (**as on 01.01.2022**) :

Gender : Male Female

Marital status :

Religion : Caste :

Address for communication:
(With Pin code)

Permanent Address :

Phone (With STD Code) :

Mobile :

Email :

Languages known :

Educational Qualifications*:

Qualification	School / College / Institute	University /Board	% of mark	Year of passing
SSC / 10 th				
PDC / 12 th				
Graduation				
Post Graduation				
MPhil/ PhD				
PG Diploma/ others				

Work Experience*:

Period		Organisation	Designation	Job responsibilities
From	To			

*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