



Kerala State AIDS Control Society

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

APPLICATION FORM

Post Applied For :
Category number :
Name (in Block Letter) :
Date of birth(dd-mm-yyyy) :
Age **(as on 01.01.2025)** :

Gender : Male ☐ Female ☐ Others ☐

Marital status :

Religion : Caste :

Address for communication:
(With Pin code)

Paste your recent
passport size
photograph here

Permanent Address :

Phone (With STD Code) :

Mobile :

Email :

Whether member of KP/PLHIV community): Yes/No

If Yes, (tick the applicable)

KP	PLHIV
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Educational Qualifications*:

Qualification	Main subject	School / College / Institute/University	% of mark	Year of passing
Graduation				
Post Graduation				

**please add extra sheets for entering more qualifications, if any.*

Computer skills	
Stenography	

Work Experience*:

Period		Organisation	Designation	Job responsibilities
From	To			

**please add extra sheets for entering more experience, if any.*

Total period of Experience Claimed: (Year&Month)_____

*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