

## The Mar Thoma Church Educational Society

St. Thomas Nagar Mukkolakkal, Thiruvananthapuram-695044 Phone: 0471-2511122,2511211 Email: mtces@md2.vsnl.net.in, mtcestvm@bsnl.in

Affix photo

## APPLICATION FOR FACULTY FOR ST. THOMAS INSTITUTE OF SCIENCE AND TECHNOLOGY

 ${\bf Mar\ Chrysostom\ Nagar,\ Chanthavila,\ Kazhakuttam,\ Thiruvananthapuram}$ 

\* Please answer all questions clearly in BOLD letters.

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Post Applied for						
Note:  1. Self attested copies of Degrees/ Certificates/ Testimonials should be sent with the Application. Originals must be produced at the time of interview.  2. No TA will be paid to Applicants called for interview.  3. Application should be delivered personally at the Society office or send by Registered Post.  4. Further details may be seen in the website <a href="https://www.stthomastvm.edu.in">www.stthomastvm.edu.in</a>						
	PERSONAL DATA OF CANDIDATE					
1.Name						
r.ivame						
2.Date of Birth 3.Sex. Female Male						
4.Marital Status: Married						
5. If Married, Name of Spouse						
6. Educational Qualification / Occupation of Spouse						
7. Contact Address & Tel. No. of Spouse						
8. Religion	(a) Denomination					
	(3) 2 3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
(b) If Marthomite, r	name of Parish					
9. Address for comm	nunication					
	Pin Code					
Residential Tele#	Mob#					
Fax#	E-mail					

0. Have you ever be	een convicted for any crir	ninal offence? If so	o, give details.	
1.Present Pay/last s	salary drawn. Scale		Basic Pay	
Allowances			Total	
(Candidate sho	ould be able to produce evide	ence of last pay drawn	n, if called upon to do so)	
2. <b>ACADEMIC QUA</b>	LIFICATIONS			
) UNIVERSITY/COLL	EGE			
Degree Passed	Subjects & Year	Division	% if applicable	University/College
3. Teaching Experi	ence (Experience claimed	d without supporting	Certificates is liable to	be ignored)
Designation	Period	Institution	Subje Taugh	
4. Notice period req	uired for joining			

sports	ghlight briefly any notable contribution/achievem ). Please furnish names of one or two persons  by be attached)			
	y 20 ana			
16. <b>RE</b>	FERENCES			
	Name & Address	Designation	Telephone Number	
1)				
2)				
I here	by certify that the particulars furnished above ar	re correct to the best of my	knowledge and belief.	
Date	:			
Place	:	Signature of Applicant		

## For Office Use

- 1. Date of Receipt
- 2. Date of Scrutiny & Result
- 3. Date when called for test/ interview