



**SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY  
TRIVANDRUM - 695 011, KERALA, INDIA**

An Institute of National Importance under Government of India with the status of  
University established by an Act of Parliament (No. 52 of 1980)

**DIVISION OF ACADEMIC AFFAIRS**

**Reporting Form for Certificate Verification**

*(To be submitted at the Division of Academic Affairs along with Proof of age, Degree certificate, Post Graduate degree certificate, Proof of fellowship/financial support, No objection certificate, etc.)*

Name of the candidate	:	
Hall ticket number	:	
Stream in which the candidate had written the entrance examination	:	
Details of fellowship / project stipend status ( <i>applicable in cases where the stipend of the student is from a project</i> )	:	
Area of interest and the Wing of the institute at which the candidate is interested to pursue research	:	
Details of academic qualifications (in chronological order):		
1.		4.
2.		5.
3.		6.
Details of previous employment / work experience, if any:		

**DECLARATION**

I hereby declare that the details furnished above are correct and accurate to the best of my knowledge. I know that my registration will be cancelled if any of the details furnished above are found incorrect.

Date:

Signature of the candidate

Routing: Student → DAA → Student → Guides for initial discussion