



**SUVARNA AROGYA SURAKSHA TRUST**  
Department of Health and Family Welfare  
Government of Karnataka



**Application Format for Walk-In-Interview**

(TO BE FILLED IN BY THE APPLICANT)

<b>Post applied for:</b>				
1	Name:			
2	Fathers /Husband Name			
3	Correspondence Address			
4	Permanent Address:			
5	Date of Birth (dd/mm/yy)		Age:	
6	Email ID			
7	Contact No:			
8	Gender:			
9	KMC/KDC Reg. No.: (Enclose copy)			
10	PAN CARD No. and Aadhaar No.:			

**Do you claim reservation under below mentioned quotas: (if yes  
enclose the valid documents issued by the concerned authority)**

Category	Certificate RD No.	Sub caste

**Academic Qualifications in descending order**

Sl. No	Examination Passed	Name of Institution/ University	Year of Passing	% of Marks/ Grade	Specialization

**Certification (if any)**

Sl. No	Course/ Certification	Field	Name of Institution/University	Year of Passing

### Employment Records

SL. No.	Organization	Designation	Period		Job Description
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	
Total Work Experience:					

### SAST Employment Records

SL. No.	Designation	Period		Reason for exit from SAST
		From (dd/mm/yyyy)	To (dd/mm/yyyy)	

I declare that the information given in this form is true and complete to the best of my knowledge and belief. I understand the information is needed to help ensure the safety of the Trust and its staff. I am not aware of any circumstances that might cause my employment to be questioned. I understand that any false statement or omission may render me liable to action, which may include dismissal.

**Date:**

**Signature of Applicant**

**Place:**