

GUIDELINES FOR ELECTIVE TRAINING

The requests from medical students from India & Foreign countries for specialty training at SVIMS, will be received. Such requests will be accepted subject to availability of vacancy. Those who desired to receive training have to send the filled in application form .

The Candidates, who are pursuing PG course (MD/MS/DM/MCh) are accepted for short-term training for varying periods (up to 4 months) in a specialty/specialities available in the institute subject to fulfillment of the following conditions.

1. The filled-in application with stipulated application fee received at least 30 days before commencement of the training will only be accepted for processing. Late application/s will not be entertained.
2. The application must be routed through the HoD and the Principal of the medical college / institution where the student is pursuing the study.
3. The letter of acceptance will be sent to the candidate through mail address provided by them, 10 days before commencement of the training.
4. The PG student can only act as an observer. He/She will not be permitted to participate in the treatment and management process of the patients.
5. The candidate will be permitted for observership subject to availability of vacancy in the department. In case of no vacancy for the period requested, it will be adjusted / postponed to the subsequent months. Hence, it is advised to send the proposal well in advance.
6. The observership fee is Rs. 7,500/-- (*Rupees five thousand only*) per month per student. The payment shall be made by way of a crossed Demand Draft drawn in favour of the Director, SVIMS payable at Tirupati. If the applicant is interested observership for a period of more than one month, a single DD will be enough for Rs. 15,000/- or more. The DD shall be enclosed along with the application and sent by post or submit in person to The Registrar, Sri Venkateswara Institute of Medical Sciences, Alipili Road, Tirupati – 517507.
7. The students from Govt. Medical Colleges in AP State are exempted from the payment of training fee.
8. Applications with all the columns completely filled by the student duly recommend by the Head of the Department and forwarded by the Head of the Institution will only be accepted for processing.
9. A stamp size photo shall be enclosed along with the application for issue of temporary ID card.
10. Incomplete application will be rejected and no further correspondence will be entertained.
11. The applicant is advised not to start his/her journey till he/she receive the permission order through mail / post.
12. Accommodation will not be provided by the institute for student undergoing observership. Hence, the applicants have to make their own arrangements for the same.
13. Application process : on receipt of the application, the applicant will be informed through mail that the application is received, complete / incomplete and the application is accepted / rejected within 10 days.
14. Further, after completion of the procedure, the letter of acceptance for observership will be sent through email to the applicant.
15. For any enquiry the candidate can send mail to svimstraining@gmail.com.or contact 0877-2287777,Ext:2202.
16. The institute reserves the right to accept (or) reject the proposal without assigning the reason thereof.

REGISTRAR



SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES
(A University established by an act No.12/95 of A.P. State Legislature)
TIRUMALA TIRUPATI DEVASTHANAMS, TIRUPATI

APPLICATION FOR ELECTIVE TRAINING (Observership)

1. Name (in full and in block capital letters) :
2. Course & Year of study :
3. Date of Joining in the course :
4. Category : PG / Non-PG / Faculty/Practice:
5. University / Medical College where studying:
6. Address for communication :

Passport size
photo to be
pasted and
attested by the
Prof. & HoD /
Head of the
institution

7. e mail ID :
8. Mobile Nos 1)_____ 2)_____
9. Qualifying examination passed :
10. Departments in which the observership is desired at SVIMS. Total Period.....

S.No	Name of the Specialty	From	To	Period

11. Observership fee payment details (@Rs. 7,500/- per month) :

DECLARATION

I, Dr. _____ is hereby declare that, the particulars furnished in the application are true and correct to the best of my knowledge. I agree to abide by the rules and regulations of the institute prescribed for training. I also, declare that in the event of any information furnished in the application is found to be incorrect or false at a later date, my training may be cancelled and appropriate legal action may be initiated, by the institute.

Signature of the Candidate

Recommending Authority :

I, Dr. _____ Prof. & Head, Dept. of _____ at _____ (College / Institution) is recommending the Post graduate student namely Dr. _____ for a period of _____ months in the specialties of _____ at Sri Venkateswara Institute of Medical Sciences, Tirupati.

Forwarding Authority

**Signature of Prof. & HoD
with seal**

Dean/Principal of the Medical College with seal

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for office use only

Opinion of Heads of the Depts, SVIMS.

- 1.
- 2.
- 3.