(VI)

NOTE: Read the information bulletin carefull	y and fill the columns.	All the particulars are to be
filled by the candidate in block letters.		

		S.No : _	
(A University est TIRUMALA TIRU	tablished under th JPATI DEVASTH	TE OF MEDICAL SCIENCES e act of A.P State Legislature) ANAMS, TIRUPATI – 517 507 monary Fellow (2019-20) s as seen in MBBS degree)	Affix recent passport size Photo
First Name		Second Name	
2. Date of birth	3. Age	(in years):	
Date Month Year 5. Marital Status (√): Sing	4. Sex(•	 Male Female 6. Aadhar No: 	
Address for communica	ition	Permanent Address	
Mobile No: e-mail ID:		Alternative Mobile No:	
8. Details of qualifying examination	on (MBBS / MD /	DTCD / DM):	1

Specialization in PG:

Qualification	Name of the college, place	University	Month & year of passing
MBBS			
MD/ DTCD / DM			

9. Service details:

S.No	Designation	Place of posting	From	То	Period

10. Medical Council Regn. details :

Qualificati on	Name of the council	Registration No.	Date of registration
MBBS			
MD/ DTCD / DM			

11. "Statement of purpose" for undergoing specialized training:

DECLARATION

I do hereby certify 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. I also declare that in the event of any information furnished in the application and enclosures are found to be incorrect or false at a later date, my admission may be cancelled and appropriate legal action may be initiated by the institute.

I further declare that, I am not suffering from any illness, which makes me ineligible for admission.

In the event of my admission to the course, I will abide the rules and regulations laid down by the institution during my study. I undertake that I will not indulge in any unlawful activities, ragging and for any violation, in this regard, I am aware that suitable action will be taken for the same as per the rules of the institute/Govt.

Station:

Date :

Signature of the applicant

DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION : (xerox copies)

- 1) MBBS degree certificate.
- 2) PG Degree provisional / original certificate
- 3) DM Pulmonology degree certificate (if applicable)
- 4) Medical Council Registration certificate for MBBS and PG degree
- 5) Study and conduct certificates for UG & PG degree.
- 6) S.S.C / class 10 certificate or its equivalent as proof of date of birth
- **Note:** Those who are appearing the examination in April/ May 2019, shall submit study certificate obtained from the Principal of the Medical college.
- Note: The filled in application along with enclosures shall be sent by post or in person so as to reach The Registrar, Sri Venkateswara Institute of Medical Sciences, Alipiri Road, Tirupati 517 507 on or before 15-07-2019.