NOTE: Read the prospectus carefully and fill the columns without fail. All the particulars are to be filled by the candidate in block letters in his/her own handwriting.

SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES

(A University established by an act of A.P State Legislature)

TIRUMALA TIRUPATI DÉVASTHANAMS, TIRUPATI – 517 507 Ph. No.0877-2288002

Application for Post Basic Diploma in Nursing (2021-22)

										APPI	ICA ⁻	TION SE	RIAI	NO	
								ICE USE	A	Area :	: SVI	U Local /			
Verified I	Signature:														
					To b	e filled	in b	the candidate							
Application	on for	admi	ssion	into _							C	ourse	F	ix Pa	ssport siz
1. Particulars of payment of application Fee :						Colour Photo with self									
D.D. I	No.	Name of the bank & Place Date					Amo	ount		attestation					
2. Name o	of the a	applica	ant (in	full):	(in ca	pital le	etters	s)							
	S	urnam	e						Na	me					
3. Date of	birth					4.	Age	(in years):							
Date	Month	1	Υe	ear											
5. Gender (✓): Male ☐ Female ☐ Transgender ☐									der						
6. Family	details	s :													
	Name					Occupation & address									
a) Father															
b) Mother															
c) Guardia	an														
(if both pare are not ali	ents														
d) Spouse (if married															
7. a) Cate	gory :	Put (v	/) in th	e app	ropriat	te box)	b) Ca	ste:						
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c) Are ye	ou eliç	ible fo	or clain	ning re	eserva	tion u	nder	any other cat	egor	y:					

If yes, mention and enclose the certificate as proof

8. Marital St	` ,	Single Married						
9. Whether 10.	you belong to T	TD/SVIMS Employee	Category (if yes, e	enclose proof): Yes	/ No:			
	ddress for com	nmunication	Permanent Address					
Stude	nt Mobile No:		Parent Mobile	No:				
e-mail	ID: (Must)		Student's Aadhar No:					
i) ii) 12. Are you If Yes, s i) Is any ii) Is any 13. Details o	suffering from pecify criminal case pe disciplinary enquor qualifying exa		: Yes / No court of law . vious Institution.	Yes / No Yes / No				
,	ication	b) Speciality:	,	o. of attempts				
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Class	Class Academic School/co		e, Place	District	Month & year of passing			
class								
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Class	Academic Year	School/college, Place	District	Month & year of passing
9 th class				
10 th class				
Intermediate				
B.Sc (Nursing)				
Other Qualification				

DECLARATION

I do hereby certify that the particulars furnished in the application are true and correct to the best of my knowledge. 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 against me by the institute.

I further declare that, I am not suffering from any illness which makes me ineligible for admission. I further state that I am not involved in any criminal case / displinary action pending against me in the previous institution.

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

Signature of the father/guardian/spouse	Signature of the applicant
Name:	Name:

DOCUMENTS (PHOTO COPIES) TO BE SUBMITTED ALONG WITH THE APPLICATION:

- 1) B.Sc. Nursing or Equivalent Degree / PG Diploma provisional / original pass certificate relating to qualifying examination.
- 2) Marks certificate for all the years of the qualifying examination
- 3) Transfer certificate.
- 4) Study and conduct certificates from 9th to degree from a school / college recognized by government.
- 5) S.S.C certificate or its equivalent as proof of date of birth
- 6) Integrated permanent community certificate (SC/ST/BC) issued by e-seva / Mee-seva centres.
- 7) For TTD / SVIMS employees, service certificate from the controlling officer
- 8) Residence certificate or any other suitable documentary proof (those who studied in an unrecognized institution or studied outside AP / Telangana but resided within the state) Proforma is available in the Institute's website
- 9) **Demand Draft** (D.D) for **Rs.5,900/-** for OC/BC category & **Rs.4,956/-** for SC/ST category drawn from a nationalized bank in favour of **the Director-cum-VC, SVIMS, Tirupati** payable at Tirupati.

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 the last / closing date notified. But the DD shall be taken in the name of the Director-cum-VC only and not the Registrar.