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 DEVASTHANAMS, TIRUPATI – 517 507

Application for Post Basic Diploma in Nursing (2022-23)

Verified by :					<u></u>		ICE USE Signature: _	Area	SVU Local / I	
				<u>To b</u>	e filled	in by	the candidate			
Application for admission into									_course	Fix Passport size
1. Particulars of payment of application Fee :										Colour Photo with self
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2. Name of the applicant (As per SCC): (in capital letters)										
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3. Date of bir	th				4.	Age	(in years):			
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6. Family det	ails :									
		Name				(Occupation	on & addres	SS	
a) Father										
b) Mother										
c) Guardian (if parents are not alive)										
d) Spouse (if married)										
7. a) Categoi	ry : Put (√) in th	е арр	ropria	te box)	b) Ca	ste:		
OC S	SC ST			ВС						
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c) Are vou	eligible f	l or clain	l ning re	eserva	l ation u	nder	_ any other cat	egorv:		
If yes, mention and enclose the certificate as proof										

Ad	ddress for com	munication	Pe	Permanent Address			
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	ID: (Must)			Parent Mobile No: Student's Aadhar No:			
11. Identific i)	ation marks (as	given in S.S.C. ma	rk sheet) :				
ii)							
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	ou suffering froi specify	m any chronic illnes	s : Yes / No				
ii) Is any	criminal case pe	ending against you in		Yes / No			
		uiry is pending in the	previous institution.	Yes / No			
	of auglifying eys	mination	•				
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			:	No. of attempts			
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15. Are you in Government service : (If yes, mention the place of work and forward the application through proper channel and enclose NOC certificate obtained from the competent authority)

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(Yes /

No)

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 centers.
- 7) Latest EWS certificate.
- 8) For TTD / SVIMS employees, service certificate from the controlling officer & ID copy.
- 9) 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
- 10) **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.