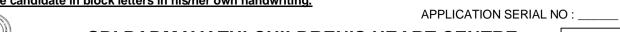
NOTE: Read the prospectus carefully and fill the columns without fail. All the particulars are to be filled by the candidate in block letters in his/her own handwriting.





Mobile No: e-mail ID:

## SRI PADMAVATHI CHILDREN'S HEART CENTRE

(Attached to SVIMS University, Tirupati)

## TIRUMALA TIRUPATI DEVASTHANAMS, TIRUPATI – 517 507

Phone No:0877-2287777 Extn:2202, email: spchcttd@gmail.com

APPLICATION FOR ADMISSION INTO PDF COURSES FOR MEDICAL GRADUATES (2022-23)

Affix recent passport size Photo

Application for adm  1. Particulars of	nission into		course	e
D.D. No.	Name of the bank & Place		Amount	
Name of the app  Surname	olicant (in full): (in capital le	etters) as given in	MBBS Degree	
Name				
3. Date of birth	4. Ag	e (in years):	5. Aadhar No:	
Date Month	Year	nder(√): Male	] Female	
7. Family Details:				
a) Father	Name	Occupation &	d office address	Annual income
b) Mother				
C)Spouse (if married)				
8. a) Nationality	:	b) Religion:		
c) Category (v	() in the appropriate box)	d) Caste:		
OC SC				
	A B C	D E		
9.				
Address fo	Address for communication		rmanent Address	

10. Details of qualifying examination:

Qualification	Marks secured	Maximum marks	No. of attempts	Name of the college, place & University	Specialty in PG	Month & year of passing
MBBS						
MD/DNB						
DM/MCh						
/DNB						

11.	Medical	Council	Registration
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i) MBBS No	Date:	Name of the Council
ii) PG No	Date:	Name of the Council
12. Are you suffering fr	om any chronic illness	: Yes/No

13. i) Is any criminal case pending against you in the court of law : Yes/No ii) Is any disciplinary enquiry is pending in the previous institution : 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 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 in eligible for admission. I further state that I am not involved in any criminal case/ disciplinary action pending against me in the previous institute.

In the event of my admission to the course, I undertake that I will not indulge in any unlawful activities, ragging etc., and that I am also aware of the consequences involved therein. I am aware that I will be punished for the same as per the rules of the institute/Govt.

Signature of the applicant Name:

## DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION (Photo copies)

- 1) MBBS and PG Degree original certificates.
- 2) Consolidated Marks memos of MBBS and PG degree
- 3) Internship certificate
- 4) Medical Council Registration certificates of MBBS and PG degree.
- 5) Study and conduct certificates.
- 6) S.S.C certificate or its equivalent as proof of date of birth.
- 7) Certificate of Social status (ST/SC/BC category)
- 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)
- 9) Demand Draft (D.D) for **Rs.750/-** drawn from a nationalized bank in favour of the Director, SPCHC, Tirupati payable at Tirupati, towards application fee.

Note: The filled in application along with enclosures shall be sent by post or in person or email so as to reach The Director, Sri Padmavathi Children's Heart Centre, Alipiri Road, Tirupati - 517 507 on or before 20-10-2022.