

**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.**

**APPLICATION SERIAL NO :**



**SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES**

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

**TIRUMALA TIRUPATI DEVASTHANAMS, TIRUPATI – 517507**

**Academic Section Phone No: 0877-2287777 Extn:2202 e-mail:svimsregistrar@gmail.com**

**APPLICATION FOR ADMISSION INTO N C GUPTA PULMONARY FELLOW (2023-24)**

**Affix recent  
passport size  
Photo**

1. Name of the applicant (in full) : *(in capital letters as given in MBBS degree)*

Surname																									

Name																									

2. Date of birth

Date		Month		Year			

3. Age (in years):

4. Gender(✓):Male ☐ Female ☐

5. Marital Status(✓): Single ☐ Married ☐ 6. Aadhar No:.....

7.

Address for communication		Permanent Address	
Mobile No: (1)		(2)	
e-mail ID: (1)		(2)	

8. a) Nationality: b) Religion:

9. Details of qualifying examination ( MD / DM):

Specialization in PG: Medicine/TB & RD/ DM (Pulmonology)

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

10. Service details:

S.No	Designation	Organization & Place	From	To	Period

11. Medical Council Registration details :

Qualification	Name of the council	Registration No.	Date of registration
MBBS			
MD			
DM			

12. Write the "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 against me.

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

In the event of my admission in to the course, I undertake that I will not indulge in any unlawful activities, ragging and for any violation, in this regard etc., I am aware that suitable action will be taken on me as per the rules of the institute/Govt.

Station:

Signature of the applicant

Date:

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

- 1) S.S.C / class 10<sup>th</sup> certificate or its equivalent as proof of date of birth
- 2) MBBS degree certificate
- 3) Internship certificate
- 4) PG Degree provisional / original certificate
- 5) DM Pulmonology degree certificate (if applicable)
- 6) Medical Council Registration certificates of MBBS and PG degree
- 7) Study and conduct certificates of UG & PG degree.

**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 31-08-2023.**