

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/DNB			
DM (pulmonology)			

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:

Note: 1. Photo copies of the documents to be submitted along with the application. Please refer page no.7 in the prospectus.

2. 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 08-01-2024.**