

# SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES (A University established by an act of A.P State Legislature) TIRUMALA TIRUPATI DEVASTHANAMS, TIRUPATI – 517 507

# IX <u>Application For PG Diploma In Medical Records Sciences Course (2024-25)</u> (For the candidate other than AP State (All India)

			FOR OFF	ICE USE		
Verified by :			Application Serial No :			
\nnlication :	or admi	esion into			course	
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Date Mo	nth	Year				
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Name of t	the Parent emp	ploved:	Emp No:		
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Designati	on:		Place of v	vork:	
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Addr	ess for comm	unication	Perma	nent Address	
	Mobile No:		Parent Mobile No		
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i)	tion marks (as	given in S.S.C./10 <sup>th</sup> cla	ass mark sheet) :		
ii)					
If Yes, s ii) Is any o	specify criminal case per	n any chronic illness nding against you in the c ry is pending in the previ	ourt of law . Ye	es / No es / No	
13. Details of	f qualifying exa	mination	:		
a)Qualifica	ation	b) Duration :	. From: T	o:	
c)Optiona	l subjects:		d) No.	of attempts	
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,	Points awarded	Max.Grade :	. Grade awarded:	Grade equiv	alent to
		e study certificate issue ent of A.P. for the last s			nation)
Class	Academic Year	School/Colle	ge, Place	District	Month & year of passing
<sup>th</sup> class					
O <sup>th</sup> class					
termediate					

B.Sc. / Any Degree Specialization

#### **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 activities, 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) Degree 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 9<sup>th</sup> 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) Declaration (Annexure II), if degree is not yet completed.
- 9) For in-Service candidates, furnish No objection certificate (NOC) obtained from their competent authority.
- 10) **Demand Draft (D.D)** for **Rs.5,900/-** for OC/BC category & **Rs.4,956/-** for SC/ST category drawn from nationalized bank in favour of **the Director-cum-VC, SVIMS, Tirupati** payable at Tirupati. The DD shall be taken on or after 15.07.2024 will only be accepted.

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. The DD shall be taken in the name of the Director-cum-VC only and not the Registrar.

#### To be printed on a separate A4 paper

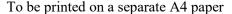


## SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI - 517 507 HALL TICKET FOR ENTRANCE TEST FOR PG DIP. IN MRS COURSE (2024-25)

	(For office	use)		
Hall ticket no		Date	:	ORIGINA
Venue :		Time	:	
(7	To be filled in by the Surna		n hand writing). Name	
Full name of the candidate: (In block letters)	Cume		Name	
Father name :				
Address :				
Identification marks	1)			
	2)			
Recent passport ize colour photo				
to be pasted here			Signature of the cand	idate
1				

#### INSTRUCTIONS TO THE CANDIDATE

- 1. The candidate to present at the examination centre half an hour before the commencement of the examination.
- 2. The candidate has to show the Hall Ticket issued by this institute to the invigilator at the entrance of the test centre.
- 3. The candidate without Hall Ticket will not be allowed to appear for the entrance test.
- 4. No traveling expenses will be paid for attending the entrance test.
- 5. The candidate has to bring their own blue/ black ballpoint pen. No other material will be permitted.
- 6. Nobody is allowed to accompany the candidate into the test center premises.
- 7. No candidate will be allowed to enter into the examination hall after commencement of the examination. Nobody will be allowed to leave the examination hall till the last bell is given.
- 8. The entrance test will be on 50 Multiple Choice Questions on English (30%), Logical Reasoning (30%), Biology (20%), Physical Sciences (20%) at basic level. The medium of entrance test is in English only.
- 9. Violation of any instruction and malpractice in any form in the examination hall shall render the candidate liable for cancellation of his/her script and forfeit of his/her claim for appearing in the entrance test.
- 10. The Hall Ticket issued by this institute shall be preserved till the admission to the course is over and shown at the time of counseling to the course, if required.
- 11. Printed or written material and electronics gadgets like, calculators, cell phones, watches, earphones etc., are not allowed inside the examination hall. Holding this material in any form shall be treated as malpractice and liable for punishment as per SVIMS rules.
- 12. The candidate should not write his /her name, initials or address anywhere on the answer sheet (or) question paper.
  - \*The Date, Time and Venue of the exam will be intimated through email / sms later.





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	(For office use)			
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Venue :		Time	:	
(T Full name of the candidate: (In block letters)	o be filled in by the candid Surname	ate in ow	n hand writing). Name	
Father's Name :		į		
Address :				
Identification marks	1) 2)			
Recent passport size colour photo to be pasted here			Signature of the can	didate
			Controller of Exami	nations

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**Controller of Examinations**