



8. Marital Status (✓):                      Single  Married

9. Whether you belong to TTD/SVIMS Employee Category (if yes, enclose proof): Yes / No:

Name of the Parent employed:

Emp No:

Designation:

Place of work:

10.

Address for communication	Permanent Address
<b>Student Mobile No:</b>	<b>Parent Mobile No:</b>
e-mail ID:	Student's Aadhar No:

11. Identification marks (as given in S.S.C. / 10<sup>th</sup> class mark sheet) :

i)

ii)

12. i) Are you suffering from any chronic illness : Yes / No

If Yes, specify

ii) Is any criminal case pending against you in the court of law . Yes / No

iii) Is any disciplinary enquiry is pending in the previous Institution. Yes / No

13. Details of qualifying examination :

a) Qualification .....b) Speciality: .....c) No. of attempts.....

d) Total marks secured : ..... out of ....., percentage ..... %

14. Details of study (enclose study certificate issued by the authorities of school/ college recognized by government of A.P. for the last seven years including qualifying examination)

Class	Academic Year	School/college, Place	District	Month & year of passing
9 <sup>th</sup> class				
10 <sup>th</sup> class				
Intermediate				
B.Sc. (Nursing)				
Other Qualification				

15. Are you in Government service : (Yes / No)  
(If yes, mention the place of work and forward the application through proper channel and enclose NOC certificate obtained from the competent authority)

### **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 / disciplinary 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  
Name :

Signature of the applicant  
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 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) 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 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.**