

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 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

Affix recent
passport size
Photo

APPLICATION FOR ADMISSION INTO PDF COURSES FOR MEDICAL GRADUATES (2024-25)

Application for admission into _____ course

1. Particulars of payment of application Fee :

D.D. No.	Name of the bank & Place	Date	Amount

2. Name of the applicant (in full): (in capital letters) as given in MBBS Degree

Surname

Name

3. Date of birth

4. Age (in years):

5. Aadhar No:

Date	Month	Year

6. Gender(✓): Male Female

7. Family Details:

	Name	Occupation & office address	Annual income
a) Father			
b) Mother			
C)Spouse (if married)			

8. a) Nationality :

b) Religion:

c) Category (✓) in the appropriate box)

d) Caste :

OC	SC	ST	BC				
			A	B	C	D	E

9.

Address for communication	Permanent Address
Mobile No:	
e-mail ID:	

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

i) MBBS Reg. No:.....Date:..... Name of the Council.....

ii) PG Reg. No: Date:..... Name of the Council.....

iii) DM/MCh/DNB Reg. No: Date:..... Name of the Council.....

12. Are you suffering from any chronic illness : Yes/No
If Yes, specify

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,PG, DM/MCh/DNB Degree certificates.
- 2) Consolidated Marks memos of MBBS, PG, DM/MCh/DNB degree
- 3) Internship certificate
- 4) Medical Council Registration certificates of MBBS, PG, DM/MCh/DNB 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, TTD, Alipiri Road, Tirupati (Urban) Pin:517 507 on or before 26-07-2024.**