

Reg. No.

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SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES
SVIMS-SRI PADMAVATHI MEDICAL COLLEGE FOR WOMEN
TIRUPATI-517507

FORM OF APPLICATION FOR ADMISSION INTO MBBS COURSE

Affix Passport
size Photo
here

Year of admission: **2025-26:**Admission through: **ALL INDIA QUOTA**1. **Name of the candidate** (in block letters as seen in the SSC certificate)

SURNAME										NAME									

2. **Date of birth :**

(as per SSC)

Date		Month		Year			

Age:

3. **Family details**

:

	Name	Occupation & Office Address	Annual income
a) Father			
b) Mother			
c) Spouse (if married)			
d) Guardian (if parents not alive)			

4. **Address for communication****Permanent address**

STUDENT DETAILS	PARENT DETAILS
Mobile :	Mobile :
Aadhar Card No. :	
Blood group:	Email id:
Email id:	

5. **Category of admission** (√ in the appropriate box)

OC	SC	ST	BC					SUB CASTE	EWS	SPORTS	NCC	PHC	EXSERVICE (C.A.P)
			A	B	C	D	E						

6. **NEET 2025-26 Hall ticket no:****Rank (AIR):**

7.

8. **Particulars of fee paid for the Academic Year 2025-26 :-**

	Fee Rs.	Total	Digiicampus receipt no.	Name of the Bank details	Date
University fee	10,500/-	} 95,800/-			
Admission fee	9,200/-				
Tuition & other fees	60,000/- 7,900/-				
Cautions deposit	5,000/-				
BLS training	3,200/-				

9. **Qualifying examination:**

Intermediate/ Equivalent	Name of the College & place	Period of study	Maximum Marks	Marks Secured	% of Marks

10. Identification marks (as given in SSC mark sheet or equivalent)
- i)
- ii)
10. Are you suffering from any chronic illness : Yes / No
If Yes, specify:
11. 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
12. Willingness for sliding : Yes / No

DECLARATION

I do hereby certify that the particulars furnished above are true and correct to the best of my knowledge. I agree to abide by the rules and regulations of the institution. I also, declare that in the event of any information furnished above 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 institution.

I further declare that, I am not suffering from any chronic 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 regulation laid down by the institution and I will do all the duties assigned to me by the College/University from time to time during my study. I have gone through the prospectus thoroughly. 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 institution/Government/NMC/UGC.

I also promise to pay to the college all stipulated tuition fee and other fees in single installment by due date every year.

Endorsement Signature of the parent/guardian

Signature of the candidate

(For office use only)

The following documents & original certificates of the applicant are verified and found acceptable:

- 1) Provisional admission order issued by MCC DGHS _____ ()
- 2) NEET Hall Ticket – 2025 _____ ()
- 3) NEET 2025 RANK CARD _____ ()
- 4) S.S.C. or its equivalent examination showing the date of birth. _____ ()
- 5) Intermediate Bi.P.C Marks list or its equivalent _____ ()
- 6) Transfer certificate. _____ ()
- 7) Study certificate from 6th class to intermediate (or) Resident certificate _____ ()
- 8) Copy of the Aadhar Card _____ ()
- 9) Valid EWS certificate (if Applicable) _____ ()
- 9) Valid Special Category certificate –NCC/CAP/PHC etc., (if applicable) _____ ()
- 10) Valid Caste certificate. (For BC, SC, ST categories only) _____ ()
- 11) Copy of online undertaking/affidavit on anti-ragging. _____ ()
- 12) White ration card / Income certificate of the parent & Declaration form _____ ()
(For eligible scholarship holders only).
- 13) Migration Certificate (If Applicable) _____ ()
- 14) Joint affidavit by Parent / Guardian & Student on Non-Judicial
Stamp paper of Rs.20/- _____ ()
- 15) Passport size photos -6 _____ ()

Please mention if any deficiencies are found:

Signature & Name of Verification Committee member

Admission Committee members: To Admit / Not to admit

Supdt.,
SVIMS-SPMCW

Asst. Director
SVIMS-SPMCW

Deputy.Registrar
SVIMS

Dr.Umamaheswara Rao
Prof. & Head of Pharmacology
SVIMS-SPMCW

Vice-Principal (Pre-Clinical)
SVIMS-SPMCW

Vice-Principal (Clinical)
SVIMS-SPMCW

Principal
SVIMS-SPMCW