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

VI. <u>Application for Post Basic Diploma in Nursing (2025-26)</u>

(For the candidate other than AP State (All India))

| | | | FOR O | FFICE US | SE . | | | | | |
|--|---------------|--|-----------|-------------------------|----------------------|------------------------------|-------|-------------|--|--|
| Verified by : | | | | Application Serial No : | | | | | | |
| Signature : | Signature : | | | | | Area : SVU Local / Non Local | | | | |
| To be filled in by the candidate | | | | | | | | | | |
| Application for | admission i | | | • | | cou | rse | | | |
| 1. Particulars of Rs.5,900/- for O | I | Fix Passport size Colour Photo with self | | | | | | | | |
| D.D. No. | Name of | f the bank & Place | | Da | te | Amount | | attestation | | |
| | | | | | | | | | | |
| 2. Name of the a | pplicant (As | per SCC): | (in capit | al letters | s) | | | | | |
| Surname | | | | | | Name | | | | |
| | | | | | | | | | | |
| 3. Date of birth | | | 4. Ag | e (in yea | ırs): | | | | | |
| Date Month | Ye | ar | | | | | | | | |
| | | | 5. Ger | nder (√) | : Male [| Female [| Trans | gender | | |
| 6. Family details | : | | | | | | | | | |
| | Name | | | | Occupation & address | | | | | |
| a) Father | | | | | | | | | | |
| b) Mother | | | | | | | | | | |
| c) Guardian (if parents are not alive) | | | | | | | | | | |
| d) Spouse (if married) | | | | | | | | | | |
| 7. a) Category: P | ut (√) in the | e appropriate | box | b) C | aste: | | | | | |
| OC SC | ST | | 1 - | | ВС | | | | | |
| | | A | E | 3 | С | D | E | | | |
| If SC please mention SC Group-I Group-II Group-III | | | | | | | | | | |
| | | | | | | | | | | |
| Please mention sub category if belong to BC/SC: | | | | | | | | | | |
| c) Are you eligib If yes, mention | | | | | er catego | ory like EWS | : | | | |

| | the Parent emp | oloyed: | Emp No: | | | |
|--|---|--|---|--|------------------|--|
| Designation: | | Place of work: | | | | |
| 10. | ddroes for com | munication | Por | manont Addross | | |
| | Address for communication | | Permanent Address | | | |
| | | | | | | |
| Stude | Student Mobile No: | | Parent Mobile No: | | | |
| e-ma | e-mail ID: | | Student's Aadhar No: | | | |
| lf Yes ii) Is an | , specify y criminal case pe | n any chronic illness nding against you in th | | Yes / No | | |
| 13. Details a) Quali | of qualifying exa | uiry is pending in the pominationb) Speciality: | revious Institution. : c) I | Yes / No No. of attempts | | |
| 13. Detailsa) Qualid) Total14. Details | of qualifying exa ification marks secured of study (enclose | mination b) Speciality: | revious Institution. :c) I out of | Yes / No No. of attempts , percentage | % | |
| 13. Detailsa) Qualid) Total14. Details | of qualifying exa ification marks secured of study (enclose | minationb) Speciality: : | revious Institution. :c) I out of sued by the author examination) | Yes / No No. of attempts , percentage | % | |
| 13. Detailsa) Qualidd) Total14. Details for the lClass | of qualifying examificationmarks secured of study (enclosed last seven years Academic | minationb) Speciality: : e study certificate iss | revious Institution. :c) I out of sued by the author examination) | Yes / No No. of attempts , percentage ities of school/ colle | ge Month & year | |
| 13. Details a) Quali d) Total 14. Details for the Class class | of qualifying examificationmarks secured of study (enclosed last seven years Academic | minationb) Speciality: : e study certificate iss | revious Institution. :c) I out of sued by the author examination) | Yes / No No. of attempts , percentage ities of school/ colle | ge Month 8 | |
| 13. Details a) Quali d) Total 14. Details for the Class class h class | of qualifying examificationmarks secured of study (enclosed last seven years Academic | minationb) Speciality: : e study certificate iss | revious Institution. :c) I out of sued by the author examination) | Yes / No No. of attempts , percentage ities of school/ colle | ge Month 8 | |
| 13. Detailsa) Qualidd) Total14. Detailsfor the land | of qualifying examificationmarks secured of study (enclosed last seven years Academic | minationb) Speciality: : e study certificate iss | revious Institution. :c) I out of sued by the author examination) | Yes / No No. of attempts , percentage ities of school/ colle | ge Month 8 | |

Single Married

8. Marital Status (✓):

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 | Signature of the applicant |
|---|----------------------------|
| Name: | 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 9th 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 for SC/ST/BC categories.
- 7) Latest EWS certificate.
- 8) For In-service candidates, furnish No objection certificate (NOC) obtained from their competent authority.
- 9) **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 01.08.2025 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.