

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.



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

VI. Application for Post Basic Diploma in Nursing (2025-26)

FOR OFFICE USE	
Verified by :	Application Serial No :
Signature :	Area : SVU Local / Non Local

To be filled in by the candidate

Application for admission into _____ course

1. Particulars of payment of application Fee :

Rs. 5,900/- for OC, BC & Rs. 4,956/- for SC/ST category (Inclusive of GST)

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

Fix Passport size
Colour Photo
with self
attestation

2. Name of the applicant (As per SCC): (in capital letters)

Surname	Name

3. Date of birth

Date	Month	Year

4. Age (in years):

5. Gender (✓): Male ☐ Female ☐ Transgender ☐

6. Family details :

	Name	Occupation & address
a) Father		
b) Mother		
c) Guardian (if parents are not alive)		
d) Spouse (if married)		

7. a) Category: Put (✓) in the appropriate box

b) Caste:

OC	SC	ST	BC				
			A	B	C	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 eligible for claiming reservation under any other category like EWS :.....
If yes, mention and enclose the certificate as proof

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
Student Mobile No:	Parent Mobile No:
e-mail ID:	Student's Aadhar No:

11. Identification marks (as given in S.S.C. / 10th 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) Qualificationb) 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 th class				
10 th 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 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 (SC/ST/BC) issued by e-seva / Mee-seva centers.
- 7) Latest EWS certificate (issued on or after 01.01.2025).
- 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 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.**