

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 under the act of A.P State Legislature)

TIRUMALA TIRUPATI DEVASTHANAMS, TIRUPATI – 517 507

Academic Section Phone No:0877-2287777 Extn:2202 email:svimsregistrar@gmail.com

APPLICATION SERIAL NO : _____

Affix recent
passport size Photo

APPLICATION FOR ADMISSION INTO CERTIFICATE COURSES FOR MEDICAL GRADUATES (2025-26)

FOR OFFICE USE

Area: SVU Local / Non Local

Verified by : _____ Signature: _____

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 (MBBS):

Qualification	Marks secured	Maximum marks	No. of attempts	Name of the college, place & University	Month & year of passing
MBBS					

11. MBBS Medical Council Regn. 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 provisional / original pass certificate.
- 2) Consolidated Marks memo of MBBS
- 3) Internship certificate
- 4) Medical Council Registration certificate of MBBS
- 5) Study and conduct certificate.
- 6) S.S.C certificate or its equivalent as proof of date of birth
- 7) Intermediate certificate
- 8) Certificate of Social status (ST/SC/BC category)
- 9) Demand Draft (D.D) for **Rs.750/-** drawn from a nationalized bank in favour of the Director, SVIMS, Tirupati payable at Tirupati, towards application fee.

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 **08-11-2025**.