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 VENKATESWARA INSTITUTE OF MEDICAL SCIENCES

(A University established by an act of A.P State Legislature)

TIRUMALA TIRUPATI DEVASTHANAMS, TIRUPATI – 517507

APPLICATION FOR ADMISSION INTO NC GUPTA PULMONARY FELLOW (2025-26)

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

Affix recent passport size Photo

FOR OFFICE USE

Area: SVU Local / Non Local

Verified by : _____ Signature: _____

1. Name of the applicant (in full) : *(in capital letters as given in MBBS degree)*

Surname	Name

2. Date of birth

Date		Month		Year			

3. Age (in years):

4. Gender(✓):Male ☐ Female ☐

5. Marital Status(✓): Single ☐ Married ☐

6. Aadhar No:……

7.

Address for communication	Permanent Address
Mobile No: (1)	(2)
e-mail ID: (1)	(2)

8. a) Nationality: b) Religion:

9. Details of qualifying examination (MD /DNB/DM):
Specialization in PG(✓):Medicine/TB & RD/ DTCD / DM (Pulmonology)

Qualification	Name of the college, place	University & Place	Month & year of passing
MBBS			
MD/DNB			
DTCD			
DM (Pulmonology)			

10. Service details if applicable:

S.No	Designation	Organization & Place	From	To	Period

11. Medical Council Registration details :

Qualification	Name of the council	Registration No.	Date of registration
MBBS			
MD/DNB			
DM (Pulmonology			

12. Write the “Statement of purpose” for undergoing specialized training:

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 against met.

I further declare that, I am not suffering from any illness, which makes me ineligible for admission.

In the event of my admission in to the course, I undertake that I will not indulge in any unlawful activities, ragging and for any violation, in this regard etc., I am aware that suitable action will be taken on me as per the rules of the institute/Govt.

Station: Signature of the applicant

Date:

DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION :
(Photo copies)

1) S.S.C / class 10 certificate or its equivalent as proof of date of birth.
2) MBBS degree certificate.
3) Internship certificate
4) PG Degree provisional / original certificate.
5) DTCD certificate
6) DM Pulmonology degree certificate (if applicable)
7) Medical Council Registration certificate for MBBS and PG degree.
8) Study and conduct certificates for UG & PG degree.
9) Certificate of Social status (ST/SC/BC category)

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.**