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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 me.

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:
Date:

Signature of the applicant

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.**