Application cost: Rs.500/-

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, TIRUPATI – 517 507 (A University established under the act of A.P State Legislature)

TIRUMALA TIRUPATI DEVASTHANAMS

APPLICATION FOR POST GRADUATE (M.Sc Nursing) FOR OFFICE USE

| Last date: | | H.T.No: | | Area : SVU Loc | cal / Non-local |
|---|-----------------|--------------------|--------------|--------------------|------------------------------------|
| | Ve | erified by : | | _ Signature: | |
| | | To be filled b | y the candid | date | |
| 1. Particulars | of payment of | application Fee : | | | |
| D.D. No. | Name of | the bank & Place | Date | Amount | Passport size Photo to be attested |
| | | | | | by Gazetted Officer with seal |
| | | | | | |
| 2. Name of the | applicant (in t | full): (in capital | letters) | | |
| Surnar | ne | | Na | me | |
| | | | | | |
| 3. Date of birth | Date | Month | Year | 4. Age : 5. S | Sex: M / F / TG |
| | | | | | |
| 6. Family Details | | -lllll | | | |
| | N | ame | Occupation | n & office address | Annual income |
| a) Father | | | | | |
| b) Mother | | | | | |
| c) Guardian (if both parents are not alive) | | | | | |
| d) Spouse (if married) | | | | | |
| 7. a) Category (| / in the appro | priate box) | | | |
| OC SC | ST A | BC B C D | E | | |
| | | | | | |
| h) Caste: | | | | | |

| | | T | |
|-------------------------------------|--|----------------------------|-------------------------|
| Addres | ss for communication | Permanent Ad | dress |
| | | | |
| | | | |
| | | | |
| Ph.①: | | Mobile: | |
| | | | |
| | n marks (as given in S.S.C. mark s | heet): | |
| i) | | | |
| ii) | | | |
| | fering from any chronic illness fy (Refer clause 13(xiii) | : Yes / No | |
| 12. Details of qu | ualifying examination (B.Sc Nursin | g / Post Basic B.Sc Nursin | g): |
| a) Maximum N | Marks Marks secured :_ | percentage | % |
| | udy (enclose study certificate issue by government of A.P. for the last s | | |
| Class (From-To) | School/college, Place | District | Month & year of passing |
| class | | | |
| | | | |
|) th class | | | |
| o th class termediate | | | |
| | | | |
| termediate | | | |
| termediate Sc (N) | (Teaching / Clinical) | | |

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 mentioned in the prospectus, which makes me ineligible for admission.

In the event of my admission to the course, I will abide the rules and regulations laid down by the institution during my study. I undertake that I will not indulge in any unlawful activities, 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 applicant Signature of the father/guardian/spouse Name :

DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION:

(xerox copies attested by a Gazetted officer with official seal)

- 1) Degree 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 9^{t h}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 in case of SC/ST/BC indicating the specific caste of the candidate as well as the category in which it is included.
- 7) For TTD / SVIMS employees, service certificate from the controlling officer.
- 8) Residence certificate or any other suitable document 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
- 9) One year experience certificate.
- 10) For in-service candidates, furnish No objection certificate (NOC) obtained from the Regional Director / Commissioner APVVP as the case may be.



SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI - 517 507 HALL TICKET FOR ENTRANCE TEST FOR M.Sc NURSING COURSE (To be filled by the Office)

| (To be filled by the Office) | DUPLICATE |
|--|---|
| Date : | |
| Time : | |
| filled-up by the candidate in his/her own hand writing Surname Nam | |
| | |
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| | |
| 1) | |
| 2) | |
| | |
| Signature of the | candidate |
| Ç | |
| Controller of ex | xaminations |
| | |
| (To be filled by the office) | ORIGINAL |
| Date : | |
| Time : | |
| | |
| filled-up by the candidate in his/her own hand writing Surname Nam | |
| filled-up by the candidate in his/her own hand writing | |
| filled-up by the candidate in his/her own hand writing | |
| filled-up by the candidate in his/her own hand writing | |
| filled-up by the candidate in his/her own hand writing | |
| filled-up by the candidate in his/her own hand writing Surname Nam | |
| filled-up by the candidate in his/her own hand writing Surname Nam |). |
| filled-up by the candidate in his/her own hand writing Surname Nam |). ie |
| filled-up by the candidate in his/her own hand writing Surname Nam |). ie |
| filled-up by the candidate in his/her own hand writing Surname Nam | candidate |
| | filled-up by the candidate in his/her own hand writing Surname Nam 1) 2) Signature of the Controller of existences, TIRLE KET FOR ENTRANCE TEST FOR M.Sc. NURSING COUR |