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)

2. Name of the applicant (in full): (in capital letters) Surname Name 3. Date of birth Date Month Year 4. Age: 5. Sex: M / F / TG 6. Family Details: Name Occupation & 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 appropriate box)						<u> </u>	K UF	FICE U	<u> </u>		
To be filled by the candidate 1. Particulars of payment of application Fee: D.D. No. Name of the bank & Place Date Amount					H.T.No:					Area : SVU Local / Non-local	
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9.		_	
Addr	ess for communication	Permanent Ad	ldress
Ph.①:		Mobile:	
	on marks (as given in S.S.C. mark s	heet) :	
i)			
ii)			
11. Are you su	uffering from any chronic illness cify (Refer clause 13(xiii)	: Yes / No	
12. Details of o	qualifying examination (B.Sc Nursing	g / Post Basic B.Sc Nursin	g):
a) Maximum	n Marks Marks secured :_	percentage	%
	study (enclose study certificate issued by government of A.P. for the last		
recognized	by government of A.P. for the last:	seven years including qual	ifying examination) Month & year
Class (From-To)	by government of A.P. for the last:	seven years including qual	ifying examination) Month & year
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Class (From-To) th class Oth class ntermediate SC (N)	School/college, Place Se(Teaching / Clinical)	seven years including qual	ifying examination) Month & year
Class (From-To) th class Oth class ntermediate SC (N) 14. Experienc (furnish the	School/college, Place	seven years including qual	ifying examination) Month & year

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 9thto 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)

	(10 be filled by the Office)	DUPLICATE
Hall ticket no	Date :	
Venue :	. Time :	
Full name of the candidate :	illed-up by the candidate in his/her own hand writing Surname Nan	
(In block letters)		
Father's name :		
Address :		
Identification marks	1)	
Passport photo to be signed by the Gazetted Officer	2) Signature of the	e candidate
with official seal	Controller of e	xaminations
HALL TICK	WARA INSTITUTE OF MEDICAL SCIENCES, TIRI LET FOR ENTRANCE TEST FOR M.Sc. NURSING COU (To be filled by the office)	UPATI - 517 507 IRSE ORIGINAL
Hall ticket no		
Venue :	. Time :	
Full name of the candidate :	illed-up by the candidate in his/her own hand writing Surname Nan	
(In block letters)		
Father's Name :		
Address :		
Identification marks	1) 2)	
Passport photo to be signed by the	Signature of the	e candidate
Gazetted Officer with official seal	Controller of e	examinations