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

APPLICATION FOR M.Sc (Medical), M.Sc. (BT & BI) / PG Dip. in PMTC Courses (2017-18)

FOR OFFICE USE

Verified by : Signature: To be filled by the candidate Application for admission into course 1. Particulars of payment of application Fee : D.D. No. Name of the bank & Place Date Amount Passport size Photo to be attest by Gazetted Office with seal									
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	Officer								
2. Name of the applicant (in full): (in capital letters)									
Surname Name									
3. Date of birth 4. Age (in years):									
Date Month Year									
5. Sex(✓): Male ☐ Female ☐ Transgender ☐									
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) b) Caste:									
OC SC ST BC A B C D E									

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Studen	t Mobile No:		Parent Mobile No):	
e-mail	ID:				
		any chronic illness use 13(xii) of prospectus)	: Yes / No		
13. Details of	qualifying exa	mination	:		
a) Qualifi	cation	_b) Optional subjects: _		c) No. of attempt	s
d) Marks	secured in optio	nals:	out of	,percentage	%
e) Total n	narks secured	:	out of	, percentage	%
		e study certificate issue ent of A.P. for the last s			
	From-To	<u> </u>	je, Place	District	Month & year

Class	From-To	School/college, Place	District	Month & year of passing
9 th class				
10 th class				
Intermediate				
B.Sc/ Any Degree				

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 father/guardian/spouse	Signature of the applicant
Name:	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 9th 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 (SC/ST/BC) issued by e-seva/ Mee-seva centres.
- 7) For TTD / SVIMS employees, service certificate from the controlling officer
- 8) Residence certificate or any other suitable documentary 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) Demand Draft (D.D) for **Rs. 750/-** for OC, BC category & **Rs. 500/-** for SC/ST category drawn from a nationalized bank in favour of the Director, SVIMS, Tirupati payable at Tirupati.

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.