

ACAD FORM -16

**APPLICATION FOR GRANT OF PERMISSION OF INSTITUTE PG'S FOR SPECIALITY TRAINING
WITHIN SVIMS / NEIGHBORING INSTS.**

Date:

To
The Registrar,
SVIMS,
Tirupati.

Sub : SVIMS – Tirupati - Application of for Grant of permission of Inst. PG's for speciality training – Reg.

I request you to permit the.....year PGs of the dept. of _____ to undergo
Internal / elective Peripheral posting.

1	Name of the candidate/s (in full & in block l letters) and year of admission.			
2	Name of the Institution/Department to get Training			
3	Type of Elective Training /sub speciality desired			
4	Sub speciality	From	To	Period
	a.			
	b.			
	c.			
	d.			
5	An acceptance letter from the Inst/ University was obtained or not .(if yes, enclose proof)			
6	Any other information			

Certified that the above PGs were not sent for external training so far.

SIGNATURE OF THE HOD
With seal