

**ACAD FORM – 07**

**APPLICATION FOR ISSUE OF ORIGINAL CERTIFICATES**  
*(for attending interview/ Counseling/ Registration in Medical Council)*

Tirupati  
Date:

From

To  
The Registrar  
SVIMS  
Tirupati.

Sir / Madam,

Sub: SVIMS, Tirupati – Issue of Original Certificates for attending interview/  
Counseling/ Registration in Medical Council - Request – Reg.

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I ..... studying ..... course  
..... batch, submitted the original certificates during admission. I am presently  
working as .....in the Dept. of .....I need the  
original certificates for the purpose of *(tick mark (✓)for appropriate purpose)*:

- a) attending interview for employment in .....
- b) Counseling for ..... course at .....
- c) Registration of addl. Qualification / renewal in State Medical Council.
- d) Others(Please Specification).....

Hence I request you to issue the following the original certificates for the said purpose.

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

I assure you sir, that the certificates will be returned within seven (7) working days, failing which I agreed to pay the penalty at the rate of Rs.1000/- per day.

Thank you

Yours sincerely

*Signature*

//forwarded by//

***Signature of HoD with Seal***

**Note:** *This application should be submitted along with proof of purpose mentioned in the application.*