SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES
(A University established under the State Legislature)
TIRUMALA TIRUPATI DEVASTHANAMS, TIRUPATI
PERSONS PROFESSING HINDU RELIGION SHALL ONLY APPLY

Post Applied _____	Photograph To be Countersigned by the Gazetted Officer

1	Name of the Candidate	
2	Gender	
3	Father's Name	
4	Date of Birth(DD-MM-YYYY)	
5	Social Status (OC /SC/BC-A)	
6	Nationality & Religion	
7	Mobile number of the applicant	
8	Aadhar card No.	
9	Address for communication:	
	Present address:	Permanent address:

Educational & Technical Qualification:

Qualification	Maximum Marks	Marks obtained	Year of passing (Month & Year)

Experience Details:

Sl. No	Name of the Institution	Contract / Out-sourcing/ Govt.	Period of service		Total period (Years-Months-Days)	Service Certificate Issued by the competent authority enclosed (Yes/No)
			From	To		

DECLARATION

I, Sri/Smt. _____ S/o _____ do hereby declare that, above particulars furnished by me are true to the best of my knowledge. I agree that in the event of any of the details furnished above being found to be incorrect or false at a later date, my candidature will be forfeited summarily.

Signature of the applicant

DOCUMENTS TO BE ENCLOSED

Sl.No	DOCUMENTS	Submitted
1	S.S.C. or Equivalent examination certificate along with Marks Memo.	YES / No
2	Intermediate or 10+2 examination certificate along with Marks Memo.	YES / No
3	Qualifying Examination Pass Certificates along with marks Memo	YES / No
4	Registration and Renewal certificates from respective recognizing councils.	YES / No
6	Internship Certificate if any applicable.	YES / No
7	Latest reservation Caste certificate issued by competent authority of Govt. of A.P	YES / No
8	1 Photograph duly pasted on the application form with attestation from Gazetted Officer.	YES / No
9	Copies of experience Certificates from their employer and also NOC from the competent authority if they employed in Govt. Sector.	YES / No