

SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI
A University established by an act of A.P.State Legislature
TIRUMALA TIRUPATI DEVASTHANAMS, TIRUPATI

Date: _____

APPLICATION FORM FOR THE POST OF
SENIOR RESIDENTS

photograph co
undersigned by
the Gazetted
Officer

1. Name :

2. Date of Birth & Age :

3. Mother & Father's Name :

4. Address for communication :

Pan.No:

Mobile No:

Email:

Aaadhar No.

5. Nationality & Religion :

Category:

6. Qualifications :

Qualifications	College	University	Year	Marks & %	Registration No. Of UG, PG /DNB with date	Name of the State Medical council
MBBS						
MD/MS/DNB (Speciality)						

7. Details of the previous appointments/teaching experience

Designations	Department	Name of Institution	From DD/MM/YY	TO DD/MM/YY	Total experience in Years & months
Resident/ Registrar					
Sr.Resident/ (Speciality)					

8. Any other particulars :

DECLARATION

I..... declare that each statement and / or contents of this application form or documents, certificates submitted along with the application form, by the undersigned are absolutely true, correct and authentic. In the event of any statement made in this declaration subsequently turning out to be incorrect or false, the undersigned has understood and accepted that such mis-declaration in respect to any content of this application shall be treated as a gross misconduct and thereby rendering the undersigned liable for necessary disciplinary action by the institution (including removal of the name from Indian Medical Register).

Date:

Place:

SIGNATURE OF THE APPLICANT

DOCUMENTS TO BE ENCLOSED

Sl.No	DOCUMENTS	Submitted
01	Recent passport size photo's (Two) of the applicant	YES / No
02	Experience certificate	YES / No
03	Copies of the 10 th Class, Intermediate Certificates along with Mark Lists	YES / No
04	Copies of MBBS / PG / DNB along with Mark Lists	YES / No
05	Copies of Medical Council Registration certificate of MBBS, PG and DNB	YES / No
06	Relieving order from the previous institution	YES / No
07	PAN card, Aadhaar card	YES / No

Date:

Place:

SIGNATURE OF THE APPLICANT