



SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES
(A University established under the State Legislature)
TIRUMALA TIRUPATI DEVASTHANAMS, TIRUPATI

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 (ST/BC-B/EWS/OC)	
6	Nationality & Religion	
7	Mobile number of the applicant	
8	Aadhar card No.	
9	<u>Address for communication:</u>	
	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	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
01	(Two) passport size photos.	YES / No
02	Copy of the attested S.S.C. Examination and Educational qualifications as mentioned in the notification.	YES / No
03	Copy of the attested Experience Certificate.	YES / No
04	PAN card / Aadhar card	YES / No
05	Latest Caste Certificate issued by the competent authority if applicable	YES / No