# C:\Users\Recp VirologyLAB\Desktop\333.jpgSRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES: TIRUPATI

(A University established by an Act of A.P. State Legislature)

# TIRUMALA TIRUPATI DEVASTHANAMS

**SVIMS**

#  Department of Clinical Virology

 **Application form**

1. Name of the contract post applied for :

2. Name of the Project : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**DHR-ICMR-SVRDL**

1. Name in full (IN BLOCK LETTERS) :

*Latest PP Photograph*

1. Title (Ms, Mr, MRs, Dr, etc.,) :
2. Mother’s Name :

Father’s Name :

Husband’s Name :

1. Address for Correspondence :

Mobile No: E-mail ID:

1. Permanent Address :
2. Date of Birth :

|  |  |  |
| --- | --- | --- |
|  |  |  |
| DD / MM / YYYY |

Age as on 20/12/2021: Years Months

1. Whether SC/ST/OBC/General : Caste:
2. Whether Physically Handicapped : Yes/No If Yes percentage of disability

Type of disability

1. Marital Status : Married / Single
2. Educational Qualifications (SSC Onwards) (attach additional sheet if required):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SR.****NO.** | **EXAM PASSED** | **GRADE** | **YEAR OF PASSING** | **BOARD/ UNIVERSITY** | **SPECIALIZATION** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SR.****NO.** | **PERIOD** | **POST HELD & SCALE OF PAY** | **NAME OF THE EMPLOYER** | **REASON FOR LEAVING** |
| **FROM** | **TO** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

1. Work Experience starting from latest (Total Experience Years Mont
2. Employment Exchange Registration details, [if available]: No.: Exchange:
3. If selected what period would you require joining the post: \_
4. Have you ever been declared unfit by a Medical Board/Court for appointment in any Govt. service?

 Yes / No (If yes, details)

I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief. If any of the above information is found to be incorrect or misleading, I am liable to be disqualified for the recruitment process.

Date:

Place:

**Signature of the Candidate**

**--------------------------------------------------------------------------------------------------------------------**

Office Use only

## All the original documents that support the details mentioned in the application are verified:

Remarks:………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

## Name and signature of the person verifying the documents:…………………………………….

……………………………………..

Date …………..…………… Time………………………..