

(11)

Application fee: Rs. 750/- for OC, BC & Rs. 500/- for SC/ST category

*NOTE: Read the prospectus carefully and fill all the columns without fail. All the particulars are to be filled in by the candidate in block letters in his/her own handwriting. Hall Tickets ( Original & Duplicate ) are to be printed and filled in on separate papers.*



APPLICATION SERIAL NO : \_\_\_\_\_

**SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES**  
(A University established under the act of A.P State Legislature)  
**TIRUMALA TIRUPATI DEVASTHANAMS, TIRUPATI – 517 507**

**Application For MPT Course (2020-21)**

**FOR OFFICE USE**

Area : SVU Local / Non Local

Verified by : \_\_\_\_\_ Signature: \_\_\_\_\_

**To be filled in the candidate**

**Application for admission into \_\_\_\_\_ course**

1. Particulars of payment of application Fee :

D.D. No.	Name of the bank & Place	Date	Amount

Passport size  
Photo to be self  
attested

2. Name of the applicant (in full): (in capital letters as seen in SSC Certificate)

Surname	Name

3. Date of birth

Date	Month	Year

4. Age (in years):

5. Gender (✓): Male ☐ Female ☐ Transgender ☐

6. Family Details :

	Name	Occupation & office address	Annual income
a) Father			
b) Mother			
c) Guardian (if both parents are not alive)			
d) Spouse (if married)			

7. a) Category: Put (✓) in the appropriate box

OC	SC	ST	BC				
			A	B	C	D	E

b) Caste: .....

c) Are you eligible for claiming reservation under any other category:.....  
If yes, mention and enclose the certificate as proof

8. Marital Status (✓): Single ☐ / Married ☐

9. Whether you belong to TTD/SVIMS Category (if yes, enclose proof) : Yes / No:

10.

Address for communication	Permanent Address
<b>Student Mobile No:</b>	<b>Parent Mobile No:</b>

e-mail ID:

Student's Aadhar No:

11. Identification marks (as given in S.S.C./ Class X mark sheet) :

i)

ii)

12. Are you suffering from any chronic illness : Yes / No

If Yes, specify

13. i) Is any criminal case pending against you in the court of law . Yes / No

ii) Is any disciplinary enquiry is pending in the previous Institution. Yes / No

14. Details of qualifying examination :

a) Course of study : ..... b ) No. of attempts : .....

c) Maximum Marks ..... Marks secured: ..... percentage .....%

15. Details of study (enclose study certificate issued by the authorities of school/ college  
Recognized by Government for the last seven years including qualifying examination)

Class	Academic Year	School/College, Place	District	Month & year of passing
9 <sup>th</sup> class				
10 <sup>th</sup> class				
Intermediate				
BPT				

16. Date of completion of Internship:

*(If not completed, furnish declaration duly signed by the applicant & Principal, if the internship is going to complete on or before 31.07.2020 (Proforma is available in the website)*

17. Are you in Government service : (Yes / No)

*(If yes, mention the place of work and forward the application through proper channel and enclose NOC certificate obtained from the competent authority)*

## **DECLARATION**

I do hereby certify that the particulars furnished in the application are true and correct to the best of my knowledge. I also declare that in the event of any information furnished in the application and enclosures are found to be incorrect or false at a later date, my admission may be cancelled and appropriate legal action may be initiated by the institute.

I further declare that, I am not suffering from any illness which makes me ineligible for admission. I further state that I am not involved in any criminal case / disciplinary action pending against me in the previous institution.

In the event of my admission to the course, I will abide by the rules and regulations laid down by the institution during my study. I undertake that I will not indulge in any unlawful activity, ragging and for any violation, in this regard, I am aware that I will be punished for the same as per the rules of the institute/Govt.

Signature of the father/guardian/spouse  
Name :

Signature of the applicant  
Name :

## **DOCUMENTS (PHOTO COPIES) TO BE SUBMITTED ALONG WITH THE APPLICATION:**

- 1) BPT Degree certificate.
- 2) Marks certificate for all the years of BPT course
- 3) Transfer certificate.
- 4) Study and conduct certificates from 9<sup>th</sup> to degree from a school / college recognized by government.
- 5) S.S.C certificate or its equivalent as proof of date of birth
- 6) Integrated permanent community certificate (SC/ST/BC) issued by e-seva/ Mee-seva centers.
- 7) For TTD / SVIMS employees children, service certificate from the controlling officer
- 8) Residence certificate or other documentary proof for Un-reserved category (those who studied in an unrecognized institution or studied outside AP / Telangana but resided within the state) as per the proforma available in the prospectus.
- 9) Declaration if internship is not completed.
- 10) For in-service candidates, furnish No objection certificate (NOC) obtained from their Employer.
- 11) **Demand Draft (D.D) for Rs. 750/-** for OC, BC category & **Rs. 500/-** for SC/ST category drawn from a nationalized bank in favour of **the Director-cum-VC, SVIMS, Tirupati** payable at Tirupati.

**Note:** The filled in application along with enclosures shall be sent by post or in person so as to reach **The Registrar, Sri Venkateswara Institute of Medical Sciences, Alipiri Road, Tirupati - 517 507** on or before the last / closing date notified. **But the DD shall be taken in the name of the Director-cum-VC only and not the Registrar.**



To be printed a separate A4 paper

**SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI - 517 507**  
**HALL TICKET FOR ENTRANCE TEST FOR MPT COURSE (2020-21)**

(To be filled in the office)

**ORIGINAL**

Hall ticket no. ....

Date : .....

Venue : .....

Time : .....

(To be filled-in the candidate in his/her own hand writing).

Surname

Name

Full name of the candidate :  
(In block letters)

Father's Name :

Address :

Identification marks

1)

2)

Recent passport size  
colour photo to be  
pasted here

Signature of the candidate

**Controller of Examinations**

**INSTRUCTIONS TO CANDIDATES**

1. The candidates to be present at the examination centre half an hour before the commencement of the examination.
2. The candidates have to show the Hall Ticket issued by this institute to the invigilator at the entrance test centre.
3. The candidates without Hall Ticket will not be allowed to appear for the entrance test.
4. No traveling expenses will be paid for attending the entrance test.
5. The candidates have to bring their own blue/ black ballpoint pen. No other material will be permitted.
6. Nobody is allowed to accompany the candidate into the college premises.
7. No candidate will be allowed to enter into the examination hall after commencement of the examination. Nobody will be allowed to leave the examination hall till the last bell is given.
8. The entrance test pattern is 100 Multiple Choice Questions based on BPT syllabus. The medium of entrance test is English only.
9. Violation of any instruction and malpractice in any form in the examination hall shall render the candidate liable for cancellation of his/her script and forfeit of his/her claim for appearing in the entrance test.
10. The Hall Ticket issued by this institute shall be preserved till the admission to the course is over and shown at the time of counseling to the course, if required.
11. Print are written material and electronic equipment like, calculators, cell phones, watches, earphones etc., are not allowed inside the examination hall.
12. The candidate should not write his /her name, initials or address anywhere on the answer sheet (or) question paper.  
\*Date, Time and Venue of the exam will be intimated through email / sms later.

**Controller of Examinations**

To be printed a separate A4 paper



**SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI - 517 507**  
**HALL TICKET FOR ENTRANCE TEST FOR MPT COURSE (2020-21)**  
(To be filled in the Office)

**DUPLICATE**

Hall ticket no. ....

Date : .....

Venue : .....

Time : .....

(To be filled-in the candidate in his/her own hand writing).

Surname

Name

Full name of the candidate :  
(In block letters)

Father name :

Address :

Identification marks

1)

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Signature of the candidate

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