

(V)

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

NOTE: Read the prospectus carefully and fill the columns without fail. All the particulars are to be filled by the candidate in block letters in his/her own handwriting.

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 Post Basic Dip. in Nursing Courses (2020-21)

FOR OFFICE USE

Verified by : _____ Area : SVU Local / Non Local
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)

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)

b) Caste:

OC	SC	ST	BC				
			A	B	C	D	E

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

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) B.Sc Nursing or Equivalent Degree / PG Diploma provisional / original pass certificate relating to qualifying examination.
- 2) Marks certificate for all the years of the qualifying examination
- 3) Transfer certificate.
- 4) Study and conduct certificates from 9th 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 centres.
- 7) For TTD / SVIMS employees, service certificate from the controlling officer
- 8) Residence certificate or any other suitable documentary proof (those who studied in an unrecognized institution or studied outside AP / Telangana but resided within the state) Proforma is available in the Institute's website
- 9) **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.**