

NOTE: Read the information bulletin carefully and fill the columns. All the particulars are to be filled by the candidate in block letters.



Application S.No : _____

SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES

(A University established under the act of A.P State Legislature)

TIRUMALA TIRUPATI DEVASTHANAMS, TIRUPATI – 517 507

Academic Section Phone No: 0877-2287777 Extn:2202 e-mail: svimsregistrar@gmail.com

Affix recent
passport
size Photo

Application for NC Gupta Pulmonary Fellow (2020-21)

1. Name of the applicant (in full) : *(in capital letters as given in MBBS degree)*

First Name										Second Name									

2. Date of birth

3. Age (in years):

Date	Month	Year

4. Sex(✓): Male Female

5. Marital Status (✓):

Single

Married

6. Aadhar No:.....

7.

Address for communication	Permanent Address
Mobile No:	Alternative Mobile No:
e-mail ID:	

8. Details of qualifying examination (MBBS / MD / DTCD / DM):

Specialization in PG:

Qualification	Name of the college, place	University	Month & year of passing
MBBS			
MD/ DTCD / DM			

9. Service details:

S.No	Designation	Organisation & Place	From	To	Period

10. Medical Council Registration details :

Qualification	Name of the council	Registration No.	Date of registration
MBBS			
MD/ DTCD / DM			

11. Write the "Statement of purpose" for undergoing specialized training:

DECLARATION

I do hereby certify that the particulars furnished in the application are true and correct to the best of my knowledge. I agree to abide by the rules and regulations of the institute. 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.

In the event of my admission to the course, I undertake that I will not indulge in any unlawful activities, ragging and for any violation, in this regard etc., I am aware that suitable action will be taken on me as per the rules of the institute/Govt.

Station:

Signature of the applicant

Date :

DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION :
(Photo copies)

- 1) MBBS degree certificate.
- 2) PG Degree provisional / original certificate
- 3) DM Pulmonology degree certificate (if applicable)
- 4) Medical Council Registration certificate for MBBS and PG degree
- 5) Study and conduct certificates for UG & PG degree.
- 6) S.S.C / class 10th certificate or its equivalent as proof of date of birth

Note: The filled in application along with enclosures shall be sent by post or in person or email so as to reach **The Registrar, Sri Venkateswara Institute of Medical Sciences, Alipiri Road, Tirupati - 517 507 on or before 21-01-2021.**