

**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

Academic Section Phone No:0877-2287777 Extn:2202 email:svimsadmissions@gmail.com

### APPLICATION FOR ADMISSION INTO FELLOWSHIP / CERTIFICATE COURSES FOR MEDICAL GRADUATES (2020-21)

#### FOR OFFICE USE

Area : SVU Local / Non Local

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

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

1. Particulars of payment of application Fee :

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

2. Name of the applicant (in full): (in capital letters) as given in MBBS Degree

Surname	Name

3. Date of birth

4. Age (in years):

5. Aadhar No:

Date	Month	Year

6. Gender(✓): Male  Female 

7. Family Details :

	Name	Occupation & office address	Annual income
a) Father			
b) Mother			
c) Spouse (if married)			

8. a) Category (✓) in the appropriate box)

b) Caste: \_\_\_\_\_

OC	SC	ST	BC					
			A	B	C	D	E	

9.

Address for communication	Permanent Address
Mobile No: e-mail ID:	Aadhar Number:

10. Details of qualifying examination (MBBS / MD / MS/ DNB):

Qualification	Marks secured	Maximum marks	No. of attempts	Name of the college, place	Speciality in PG	Month & year of passing
MBBS					NA	
MD/ MS/DNB						

11. Medical Council Regn. No.....  
 i) MBBS No.....Date:....., Name of the Council.....  
 ii) PG No.....Date:....., Name of the Council.....
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

**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 in eligible for admission. I further state that I am not involved in any criminal case/ disciplinary action pending against me in the previous institute.

In the event of my admission to the course, I undertake that I will not indulge in any unlawful activities, ragging etc., and that I am also aware of the consequences involved therein. I am aware that I will be punished for the same as per the rules of the institute/Govt.

Signature of the Parent/spouse  
 Name :

Signature of the applicant  
 Name :

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

- 1) MBBS & PG Degree provisional / original pass certificate.
- 2) Consolidated Marks memo for MBBS and PG degree
- 3) Internship certificate
- 4) AP Medical Council Registration certificate for MBBS and PG degree.
- 5) Study and conduct certificates.
- 6) S.S.C certificate or its equivalent as proof of date of birth
- 7) Certificate of Social status (ST/SC/BC category)
- 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 prospectus.
- 9) Demand Draft (D.D) for **Rs.750/-** drawn from a nationalized bank in favour of the Director, SVIMS, Tirupati payable at Tirupati, towards application fee.

**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.**