

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

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



**SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES**

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

**TIRUMALA TIRUPATI DEVASTHANAMS, TIRUPATI – 517507**

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

**APPLICATION FOR ADMISSION INTO NC GUPTA PULMONARY FELLOW (2021-22)**

Affix recent  
passport size  
Photo

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

First Name										Second Name									

2. Date of birth

Date	Month	Year

3. Age (in years):

4. Sex(✓): Male  Female

5. Marital Status(✓): Single  Married  6. Aadhar No:.....

7.

Address for communication	Permanent Address
Mobile No: (1)	(2)
e-mail ID: (1)	(2)

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

Specialization in PG:Medicine/TB &RD/ DM (Pulmonology)

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

9. Service details:

S.No	Designation	Organization & Place	From	To	Period

10. Medical Council Registration details :

Qualification	Name of the council	Registration No.	Date of registration
MBBS			
MD			
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 against me.

I further declare that, I am not suffering from any illness, which makes me ineligible for admission.

In the event of my admission in 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) S.S.C / class 10<sup>th</sup> certificate or its equivalent as proof of date of birth
- 2) MBBS degree certificate
- 3) Internship certificate
- 4) PG Degree provisional / original certificate
- 5) DM Pulmonology degree certificate (if applicable)
- 6) Medical Council Registration certificate for MBBS and PG degree
- 7) Study and conduct certificates for UG & PG degree.

**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 17-11-2021.**