



SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES (A University established by an act of A.P State Legislature)

TIRUMALA TIRUPATI DEVASTHANAMS, TIRUPATI – 517 507

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

<u>AF</u>

PPLICATION FOR	ADMISS	ION INTO	POST I	DOCTOR	RAL FEL	LOWS	SHIP / CE	RTIFICATI	E COURS	ES FOR ME	DICAL GR	ADUATES (20	<u>)21-22)</u>
					<u>F</u>	OR	OFFIC	E USE		0.41	_	oplication fee	
		Ver	ified l	bv :				Sia		ea : SVU		/ Non Loca	al
Application fo	r admis	ssion in	to							cours	e		
1. Particular	s of pa	yment o	of app	licatio	n Fee	:						pas	recent sport
D.D. No).	Name	of the	e bank	& Plac	се	D	ate	An	nount		size 1	Photo
2. Name of the	ne appli	icant (ir	ı full):	(in ca	apital I	etter	s) as g	iven in N	MBBS D	egree)			
Surname Na					Name								
3. Date of birt	h				4. Ag	e (in	years)	:	5. Aad	lhar No:			
Date M	onth	•	Year		6. 0	Gend	er(ሎ):	Male	☐ F	emale [
7. Family Deta	ails :												
Name					Occupation & Office / Home Annual income address								
a) Father													
b) Mother													
C) Spouse (if married)													
8. a) Catego	ory (🏷)	in the	appro	priate	box)			b) Cas	ste:				
OC	SC	ST	Α	В	BC C	D	E						

9.

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

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 R	legn. No's		
	i) MBBS	Date:,	Name of the Council	
	ii) PG	Date:	Name of the Council.	
	, ,	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 against me.

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 in 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	Signature of the applicant
Name :	Name :

<u>DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION :</u> (Photo copies)

- 1) MBBS and / or PG Degree provisional / original certificate.
- 2) Consolidated Marks memo for MBBS and /or PG degree
- 3) Internship certificate
- 4) Medical Council Registration certificates for MBBS and / or 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) 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 so as to reach The Registrar, Sri Venkateswara Institute of Medical Sciences, Alipiri Road, Tirupati - 517 507 on or before 17-11-2021.