NOTE: Read the prospectus carefully and fill all the columns without fail. All the particulars are to be filled in by the candidate in block letters in his/her own handwriting. Hall Tickets (Original & Duplicate) are to be printed and filled in on separate papers.

SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES
(A University established by an act of A.P State Legislature)
TIRUMALA TIRUPATI DEVASTHANAMS, TIRUPATI – 517 507

V. Application for Admission into Master in Hospital Management course (2026-27)

FOR OFFICE USE

Verified by :…….. Application Serial No : …….

Signature : …….. Area : SVU Local / Non Local :

To be filled in by the candidate

Fix Passport size colour photo with self attestation

1. Particulars of payment of application Fee :
Rs. 5,900/- *for OC/ BC &* ***Rs. 4,956/-*** *for SC/ST category (Inclusive of GST)*

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

2. Name of the applicant (As per SSC): (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 & address	Annual Income
a) Father			
b) Mother			
c) Guardian (if parents are not alive)			
d) Spouse (if married)			

7. a) Category: Tick (✓) in the appropriate box b) Caste: ……

OC	SC	ST	BC				
			A	B	C	D	E

If SC, please mention sub group with Tick (✓): *Group-I* ☐ *Group-II* ☐ *Group-III* ☐
Please mention sub category if belong to BC/SC:

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

8. Marital Status (✓): single ☐ married ☐

9. Whether you belong to TTD/SVIMS Category (if yes, enclose proof): Yes / No:

Name of the Parent employed: Emp No:

Designation: Place of work:

10.

Address for communication	**Permanent Address**
Student Mobile No:	**Parent Mobile No:**
e-mail ID:	Student's Aadhar No:

11. Identification marks (as given in S.S.C. / 10th Class mark sheet):
i)
ii)

12. Are you suffering from any chronic illness as mentioned in section 17.2: Yes / No
of the prospectus 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

14. Details of qualifying examination :

a) Course of study: ..... b) No. of attempts: ……

c) Maximum Marks: ……..…d) Marks secured: …..……e) Percentage: ....…….. %

15. Details of study (enclose study certificate issued by the authorities of school/ college recognized by government of A.P. for the last seven years including qualifying examination)

Class	From-To	School/College, Place	District	Month & year of passing
9th class				
10th class				
Intermediate				
B.Sc. Degree Specialization (…… ……..)				
Other Qualification				

16. Are you in Govt. Service : (Yes / No)
(If yes, mention the place of work and forward the application through proper channel and enclose NOC certificate obtained from the competent authority)

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 against me 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:
Relationship:

Signature of the applicant
Name:

DOCUMENTS (PHOTO COPIES) TO BE SUBMITTED ALONG WITH THE APPLICATION:

1) Degree certificate / original pass certificate relating to qualifying examination.
2) Marks certificate for all the years of the qualifying examination (Degree).
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 category.
7) Latest EWS certificate (issued on or after 01.01.2026).
8) Declaration (Annexure – IV), if internship is not yet completed.
9) For TTD / SVIMS employees, service certificate from the controlling officer & ID card copy.
10) Residence certificate or any other suitable documentary proof (those who studied in an unrecognized institution or studied outside AP State but resided within the state) Proforma is available in the **Institute's website.**
11) **Demand Draft** (D.D) for **Rs. 5,900/-** for OC/ BC category **& Rs.4,956/-** for SC/ST category drawn from a nationalized bank in favour of the **Director-cum-VC, SVIMS, Tirupati** payable at Tirupati. The DD shall be taken on or after 01.08.2026 will only be accepted.

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.* ***The DD shall be taken in the name of the Director-cum- VC only and not in the name of the Registrar.***

SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI - 517 507

HALL TICKET FOR ENTRANCE TEST FOR Master in Hospital Management course (2026-27)

(For office use)

Hall ticket no. …… Date : ……

Venue : ……. Time : ……

ORIGINAL

(To be filled in by the candidate in own hand writing).

	Surname	Name
Full name of the candidate : (In block letters)		

Father name :

Address :

Identification marks as per SSC 1)

2)

Recent passport size colour photo to be pasted here

Signature of the candidate

Controller of Examinations

INSTRUCTIONS TO THE CANDIDATE

1. The candidate to present at the examination center half an hour before the commencement of the examination.
2. The candidate has to show the Hall Ticket issued by this institute to the invigilator at the entrance of the test center.
3. The candidate without Hall Ticket will not be allowed to appear for the entrance test.
4. No traveling expenses will be paid for attending the entrance test.
5. The candidate has to bring their own blue/ black ballpoint pen. No other material will be permitted.
6. Nobody is allowed to accompany the candidate into the test center premises.
7. No candidate will be allowed to enter into the examination hall after commencement of the examination. Nobody will be allowed to leave the examination hall till the last bell is given.
8. The entrance test pattern is 100 Multiple Choice Questions based on degree syllabus. The medium of entrance test is English only. The maximum time allowed in 120 minutes.
9. Violation of any instruction and malpractice in any form in the examination hall shall render the candidate liable for cancellation of his/her script and forfeit of his/her claim for appearing in the entrance test.
10. The Hall Ticket issued by this institute shall be preserved till the admission to the course is over and shown at the time of counseling to the course, if required.
11. Printed or written material and electronic gadgets like, calculators, cell phones, watches, earphones etc., are not allowed inside the examination hall. Holding this material in any form shall be treated as malpractice and liable for punishment as per SVIMS rules.
12. The candidate should not write his /her name, initials or address anywhere on the answer sheet (or) question paper.

*Date, Time and Venue of the exam will be intimated through email / sms later.

Controller of Examinations

SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI - 517 507

HALL TICKET FOR ENTRANCE TEST FOR Master in Hospital Management course (2026-27)

(For office use)

Hall ticket no. …… Date : ……

Venue : ……. Time : ……

DUPLICATE

(To be filled in by the candidate in own hand writing).

	Surname	Name
Full name of the candidate : (In block letters)		
Father's Name :		
Address :		

Identification marks as per SSC 1)

2)

Recent passport size colour photo to be pasted here

Signature of the candidate

Controller of Examinations

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