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

APPLICATION FOR MPT/ M.Sc (NURSING) COURSES (2017-18)

FOR OFFICE USE

					<u> </u>	<u> </u>	IIVE	<u>UUL</u>			
								Are	a : SVU Local / I	Non-l	ocal
		٧	erified	l by : _				Sign	ature:		
				<u>To</u>	be fil	led b	y the	<u>candida</u>	<u>te</u>		
Application	n for a	admis	sion ii	nto					cours	e	
	ulars of										Passport size Photo to be attest by Gazetted Office
D.D. I	No.	Na	me of	the ba	nk & F	Place		Date	Amount		with seal
2. Name of	the app	olicant (in full)	: (in c	apital	letters)				
S	Surnam							Name	 e		
3. Date of	birth				4	. Age	(in yea	ars):			
Date	Month		Yea	ar							
					5	. Sex	(✓):Ma	le F	emale Transg	ende	r
6. Family [Details	:									
			Na	me			Oc	cupation	& office address		Annual income
a) Father											
b) Mother											
c) Guardia	ın										
(if both pare are not aliv											
d) Spouse (if married)											
7. a) Cate) in the	e appr	opriate	e box)	<u>I</u>	b)	Caste:			
ОС	SC	ST			ВС		1				
			Α	В	С	D	Е				

10					
,	Address for comm	unication	Pe	ermanent Addres	SS
	lent Mobile No:		Parent Mobile	e No:	
e-m	ail ID:				
i) ii)					
		any chronic illness se 13(xii) of prospectus)		lo	
13. Details	s of qualifying exa	mination	:		
a) Cou	urse of study	:			
b) No	. of attempts	:			
c) Ma	kimum Marks	Marks secured:		percentage	%
		e study certificate issue ent of A.P. for the last			
Class	From - To	School/college	, Place	District	Month & yea of passing
th class					
0 th class					
ntermediate					
PT/ S.Sc(N)					
(If not applic	completed, furnish de	nternship (for MPT Cou claration duly signed by th internship is going to comp ailable in the website)	e °		
	•	Clinical) (for M.Sc.(N) ence and enclose proof)	only) :		
17 Are vo	u in Government	service		(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 mentioned in the prospectus, which makes me ineligible for admission.

In the event of my admission to the course, I will abide the rules and regulations laid down by the institution during my study. I undertake that I will not indulge in any unlawful activities, 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	Signature of the applicant
Name:	Name:

<u>DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION</u>: (xerox copies attested by a Gazetted officer with official seal)

- 1) BPT, B.Sc(N) degree certificate.
- 2) Marks certificate for all the years of the qualifying examination
- 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) issued by e-seva/ Mee-seva centres.
- 7) For TTD / SVIMS employees children, service certificate from the controlling officer
- 8) Residence certificate or other documentary proof for Un-reserved category (those who studied in an unrecognized institution or studied outside AP / Telangana but resided within the state) as per the proforma available in the prospectus.
- 9) Declaration by MPT applicants if internship is not completed.
- 10) Experience certificate for M.Sc (N) applicants.
- 11) For in-service candidates, furnish No objection certificate (NOC) obtained from the Regional Director / Commissioner APVVP or as the case may be.



SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI - 517 507 HALL TICKET FOR ENTRANCE TEST FOR M.Sc NURSING COURSE (To be filled by the Office)

	(1001)	led by the Off	ice)	DUPLICATE
Hall ticket no		Date	:	
Venue :		Time	:	
(To be	filled-up by the can		er own hand writing). Name	
Full name of the candidate : (In block letters)	June		Name	
-ather's name :				
Address :				
dentification marks	1)			
	2)			
Passport photo	2)			
to be signed			Signature of the o	andidate
by the Gazetted Officer			orginature or the c	andidate
with			Controller of exa	minations
official seal			Controller of exa	aiiiiiatioiis
			_ SCIENCES, TIRUF	
	KET FOR ENTRANC		Sc. NURSING COURS	SE
HALL TIC	KET FOR ENTRANC (To be fi	E TEST FOR M	Sc. NURSING COURS	
Hall ticket no.	KET FOR ENTRANC (To be fi	ETEST FOR M lled by the offi	.Sc. NURSING COURS Ce)	SE
HALL TIC	:KET FOR ENTRANC (To be fi 	E TEST FOR M lled by the offi Date Time didate in his/he	.Sc. NURSING COURS Ce)	ORIGINAL
HALL TIC	(To be fi	E TEST FOR M lled by the offi Date Time didate in his/he	.Sc. NURSING COURS Ce) er own hand writing).	ORIGINAL
HALL TIC	(To be fi	E TEST FOR M lled by the offi Date Time didate in his/he	.Sc. NURSING COURS Ce) er own hand writing).	ORIGINAL
HALL TIC Hall ticket no	(To be fi	E TEST FOR M lled by the offi Date Time didate in his/he	.Sc. NURSING COURS Ce) er own hand writing).	ORIGINAL
HALL TIC Hall ticket no	e filled-up by the can	E TEST FOR M lled by the offi Date Time didate in his/he	.Sc. NURSING COURS Ce) er own hand writing).	ORIGINAL
HALL TIC Hall ticket no	(To be fi	E TEST FOR M lled by the offi Date Time didate in his/he	.Sc. NURSING COURS Ce) er own hand writing).	ORIGINAL
HALL TICE Hall ticket no	e filled-up by the can Surna	E TEST FOR M lled by the offi Date Time didate in his/he	.Sc. NURSING COURS Ce) er own hand writing).	ORIGINAL
HALL TIC Hall ticket no	e filled-up by the can Surna	E TEST FOR M lled by the offi Date Time didate in his/he	.Sc. NURSING COURS Ce) er own hand writing).	ORIGINAL
Hall ticket no	e filled-up by the can Surna	E TEST FOR M lled by the offi Date Time didate in his/he	Sc. NURSING COURS Ce) :	ORIGINAL
Hall ticket no. Venue: (To be Full name of the candidate: (In block letters) Father's Name Address Identification marks Passport photo to be signed	e filled-up by the can Surna	E TEST FOR M lled by the offi Date Time didate in his/he	Sc. NURSING COURS Ce) :	ORIGINAL