

**SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI**  
**ACADEMIC SECTION**

ACAD FORM – 1 (TO BE SUBMITTED 30 DAYS IN ADVANCE)  
APPLICATION FOR ELECTIVE TRAINING / OBSERVERSHIP FOR OUT SIDERS  
(TO READ THE GUIDELINES CAREFULLY)

**GUIDELINES FOR ELECTIVE TRAINING / OBSERVERSHIP**

We receive the requests from students from India & Foreign countries for specialty training at SVIMS. Such requests will be accepted subject to availability of vacancy. Those who desired to receive training / Observership have to send the filled in application form.

The Candidates, who are pursuing regular study are accepted for short-term training for varying periods (1 to 4 months) in a specialty/specialities available in the institute subject to fulfilment of the following conditions.

1. The filled-in application received at least 30 days before commencement of the training will only be accepted for processing subject to availability of vacancy. Late application/s will not be entertained.
2. The application must be routed through the HoD and Principal of the College / Institution/University where the student is pursuing the study.
3. The letter of acceptance will be communicated in advance.
4. The student can only act as an observer. He/She will not be permitted to participate in the treatment and management process of the patients.
5. The candidate will be permitted for Observership subject to availability of vacancy in the department.
6. In case of no vacancy for the period requested, it will be adjusted / postponed to the subsequent months. Hence, it is advised to send the proposal well in advance.
7. The Observership fee shall be paid as per the University Norms, for details contact: 0877-2287777, Extn: (2458/2202). The present fee is Rs.10,000/- per month or part for MD/DM/DNB/MS/MCh & other courses to check with Academic Section.
8. Applications with all the columns completely filled and recommended by HoD & Head of the Institution will only be accepted for processing. Incomplete application will be rejected and no further correspondence will be entertained.
9. Accommodation will not be provided by the institute.
10. For any enquiry the candidate can send mail to [svimstraining@gmail.com](mailto:svimstraining@gmail.com)
11. Please bring one stamp size photograph for issuing temporary ID Card.
12. The institute reserves the right to accept (or) reject the proposal without assigning the reason thereof.
13. Stamp size photo to be submitted for temporary ID Card. No entry without ID Card.

**REGISTRAR**

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1. Name (in full and in capital letters) :
2. Course & Year of study :
3. Date of Joining in the course :
4. Category (specify) :
  - a. Faculty in Govt. Service
  - b. Private practice
  - c. Consultant in Pvt. Hospital
  - d. Student studying - Diploma/Degree with specialty
  - e. Resident / Student studying PG & Specialty
  - f. Student doing Ph.D
5. (i) College where studying/ Studied :  
(ii) Address for communication :
6. University belongs to :
7. E-mail ID :
8. Mobile Nos 1) \_\_\_\_\_ 2) \_\_\_\_\_
9. Qualifying examination passed :
10. Departments opted

Passport size photo to be pasted and attested by the Prof. & HoD / Head of the institution
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S.No	Name of the Dept.	Date from	Date to	Days

Note: Dates are subject to change as per the departments convenience.

11. Observership fee :

DD / Challan No. :	Name of the Bank :
Date of Issue :	Amount Paid :

**Declaration by the Candidate**

I, \_\_\_\_\_ is hereby declare 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 prescribed for Observership/Training. I also, declare that in the event of any information furnished in the application is found to be incorrect or false at a later date, my training may be cancelled and appropriate legal action may be initiated, by the institute.

**Signature of the Candidate**

**Recommending Authority :**

I, the Head, Dept. of \_\_\_\_\_ at \_\_\_\_\_  
(College / Institution/University) is recommending the student namely \_\_\_\_\_  
for a period of \_\_\_\_\_ days / months in the Depts. mentioned at Sri Venkateswara  
Institute of Medical Sciences, Tirupati.

**Signature of HoD  
with office seal**

**Forwarding Authority :  
(Head of the Institution with seal)**

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**Opinion of Heads of the Depts, SVIMS.**

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