

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

ACAD FORM -16

APPLICATION FOR GRANT OF PERMISSION TO INST. PGs  
FOR SPECIALITY TRAINING WITHIN SVIMS.

To  
 The Registrar,  
 SVIMS,  
 Tirupati.

Tirupati  
 Date:

Sub : SVIMS – Tirupati - Application for Grant of permission to Inst. PGs for speciality training within SVIMS – Reg.

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I request you to permit the.....year PGs of the dept. of \_\_\_\_\_ to undergo Internal Training as detailed below.

1	Names of the candidate/s (in full & in block letters) and year of admission.			
2	Name of the Department where the training is needed.			
3	Type of Elective Training /sub speciality desired			
4	<b>Department &amp; Duration</b>	<b>From</b>	<b>To</b>	<b>Period</b>
	a.			
	b.			
	c.			
	d.			
5	Any other information			

Certified that the above PGs were not sent for Internal Training so far.

**SIGNATURE OF THE HOD**  
**With seal**