

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

ACAD FORM -17

APPLICATION FOR GRANT OF PERMISSION OF INST. PGs
FOR SPECIALITY TRAINING IN OTHER INSTITUTES.

To
The Registrar,
SVIMS,
Tirupati.

Tirupati
Date:

Sub : SVIMS – Tirupati - Application for Grant of permission to institute PGs for speciality training in other Institutes – Reg.

I request you to permit the.....year PGs of the dept. of _____ to undergo external / elective peripheral posting, as detailed below.

1	Names of the candidate/s (in full & in block letters) and year of admission.			
2	Name of the Institution/Department where to get Training (provide full address, email and contact details)			
3	Type of Elective Training /sub speciality desired			
4	Department & Duration	From	To	Period
	a.			
	b.			
	c.			
	d.			
5	Whether an acceptance letter from the Inst/ University was obtained or not ? (if yes, enclose proof) & If no, provide contact details.			
6	Any other information			

Certified that the above PGs were not sent for external training so far.

**SIGNATURE OF THE HOD
With seal**