

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

**ACADEMIC SECTION**

ACAD FORM – 07

APPLICATION FOR ISSUE OF ORIGINAL CERTIFICATES

*(for attending interview/ Counseling/ Registration in Medical Council)*

From

Tirupati

Date:

To

The Registrar

SVIMS

Tirupati.

Sir / Madam,

Sub: SVIMS, Tirupati – Issue of Original Certificates for attending interview/  
Counseling/ Registration in Medical Council - Requested – Reg.

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I ..... studying ..... course

..... batch, submitted the original certificates during admission. I need the original  
certificates for the purpose of *(tick mark (✓) the appropriate cause)*:

a) Attending interview for employment at .....on.....

b) Counseling for ..... course at .....on.....

c) Registration of addl. Qualification / renewal in State Medical Council.

d) Others (Please Specify).....

I am here with enclosing the proof.

Hence I request you to issue the following the original certificates for the said purpose.

1. 4.

2. 5.

3. 6.

I assure you sir, that the certificates will be returned within seven (7) working days,  
failing which I agree to pay the penalty at the rate of Rs.1000/- per day.

Thank you

Yours sincerely

**Signature**

Mobile No:

//forwarded by//

**Signature of HoD with Seal**

**Note:** *This application should be submitted along with proof of the purpose mentioned in the application.*