



SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI
A University established by an act of A.P.State Legislature
TIRUMALA TIRUPATI DEVASTHANAMS, TIRUPATI

Date: _____

APPLICATION FORM FOR THE POST OF
MEDICAL OFFICER/SENIOR RESIDENT

1. Dr. Name :
2. Date of Birth & Age :
3. Father's Name :
4. Social status (OC/BC-A/SC) :
5. Address for communication :

PHOTOGRAPH TO BE
COUNTERSIGNED
BY THE GAZETTED
OFFICER

Pan No: _____ Mobile No: _____ Email: _____

Aadhar No: _____

6. Nationality & Religion :
7. Qualifications :

Qualifications	College	University	Year	Marks & %	Registration No. Of UG & PG with date	Name of the State Medical council
MBBS / BDS						
MD/MS/ DNB/MDS (Speciality)						

8. Details of the previous appointments/teaching experience

Designations	Department	Name of Institution	From DD/MM/YY	TO DD/MM/YY	Total experience in Years & months
Resident/ Registrar					
Sr.Resident/ (Speciality)					

DNB equivalence:

In case of those who are holding DNB in broad specialties or super specialty as qualifying education, they have to produce documentary evidence issued by Competent/Appropriate authority about DNB equivalence with MD/MS/DM/M.Ch. as per NMC, New Delhi notification dated 14.02.2022.

(The Diplomat of National Board (DNB) in broad specialty and super specialty qualifications when granted in a medical institution with attached hospital or in a hospital with the strength of five hundred or more beds, by the National Board of Examinations, shall be equivalent in all respects to the corresponding board specialty (MD/MS) and super specialty (DM/M.Ch.) postgraduate qualification, but in all other cases, senior residency in a medical college for an additional period of one year shall be required for such qualification to be equivalent for the purpose of teaching.)

8. Any other particulars :

Contd....

DECLARATION

It is declared that each statement and / or contents of this application form or documents, certificates submitted along with the application form, by the undersigned are absolutely true, correct and authentic. In the event of any statement made in this declaration subsequently turning out to be incorrect or false, the undersigned has understood and accepted that such false declaration shall be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action by the institution (including removal of the name from Indian Medical Register).

Date:

Place:

SIGNATURE OF THE APPLICANT

DOCUMENTS TO BE ENCLOSED

Sl.No	DOCUMENTS	Submitted
01	Recent passport size photo's (two) of the applicant, signed by the gazetted officer	YES / No
02	Appointment order at the previous institute	YES / No
03	Copies of the 10 th Class Certificate	YES / No
04	Copies of the Degree certificates of MBBS/ BDS and PG degree& Mark Lists	YES / No
05	Copies of Registration of MBBS/ BDS and PG degree	YES / No
06	Copy of experience certificate for all teaching appointments	YES / No
07	Relieving order from the previous institution	YES / No
08	PAN card / Aadhaar card	YES / No
09	Social Status certificate issued by the competent authority if applicable	YES / No

Date:

Place:

SIGNATURE OF THE APPLICANT