



SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES
(A University established under the State Legislature)
TIRUMALA TIRUPATI DEVASTHANAMS, TIRUPATI

Post Applied for _____

Photograph To be
Countersigned by
the Gazetted
Officer

1	Name of the Candidate	
2	Gender	
3	Father's / Spouse Name	
4	Date of Birth(DD-MM-YYYY)	
5	Social Status (OC/BC-A/SC)	
6	Nationality & Religion	
7	Mobile number of the applicant	
8	Aadhar card No.	
9	<u>Address for communication:</u>	
	Present address:	permanent address:

Marks obtained in the requisite post Qualification

Qualification	Maximum Marks	Marks obtained	Year of passing (Month & Year)	Whether registered in respective council (Yes/No)

Details of Contract/Outsourcing/Honorarium service

Sl. No	Name of the Institution	Contract / Out-sourcing	Urban /Rural / Tribal (or) Covid-19	Period of service		Total period (Years-Months-Days)	Service Certificate Issued by the competent authority enclosed (Yes/No)
				From	To		

DECLARATION

I, Smt. / Kum/Sri _____ D/o or S/o or W/o _____ do hereby declare that, above particulars furnished by me are true to the best of my knowledge. I agree that in the event of any of the details furnished above being found to be incorrect or false at a later date, my candidature will be forfeited summarily.

Signature of the applicant

DOCUMENTS TO BE ENCLOSED

Sl.No	DOCUMENTS	Submitted
01	Recent passport size photo's (two) of the applicant.	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, PG certificates & Mark Lists	YES / No
05	Copy of experience certificate for all appointments	YES / No
06	Relieving order from the previous institution	YES / No
07	PAN card / Aadhaar card	YES / No
08	Social Status certificate issued by the competent authority if applicable	YES / No