

SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES :: TIRUPATI

APPLICATION FORM

Application form for the posts of Medical Officer, Staff Nurses, ANM, Mammography Technician, Cardiovascular Technician Gr. II, Data Entry Operator, Public Relations Officer, Medico social Worker, Electrician, Driver for the research project entitled “Evaluation of cancer awareness and screening programme – An implementation Research in Tirupati District, Andhra Pradesh”

Note: All the columns and fields must be filled in words with legible hand writing, not by dashes and dots. No column should be left blank. Without changing the serial number, order, columns, the applicant may add rows if he / she thinks the given space is insufficient.

Name of the Post applied for _____

S. No	Particulars			Affix recent passport size Photograph Self-attested
1	Full Name in Capital letters: Mr/Miss/Mrs/Dr.			
2	Father / Husband name			
3	Age / Gender	Age:	Gender:	
4	Address for Communication			
5	Permanent Address			
6	Contact number	Telephone:		
		Mobile number:		
7	E mail address			
8	Date of Birth as per SSC marks card			
9	Marital status (Married/Single)			
10	Category	OC / BC-A / BC-B / BC-D / SC(Gr.I) / SC(Gr.II) / SC(Gr.III) / ST / EWS		
11	Nationality			

12. Qualifications :							
	Degree Obtain ed	Subjects taken		No. of attempts	Year of pass	University	% of marks scored
1							
2							
3							
13	Any additional qualifications and training:						
14	Particulars of employment or Work Experience in chronological order						
	Name of the employer & Address	Date of joining	Date of leaving	Nature of work performed / being perform		Salary (excluding allowances) last drawn	
15	Provide additional information on Research experience if any as per format given below :						
	Name of the institute	Name of the project	Funding agency	Level of participation	Duration of project	Duration of participation	

16	List of publications as Author or co-author in indexed journals				
Sl.No.	Title	Citation of Journal	Year of publication	Indexed in	Authorship: First/Second/ Corresponding/ Co author
17	Mention here the details of any other information relevant to the application				

Declaration

I _____, Son of / Daughter of / Wife of _____, resident of Village/Town/City _____ of District _____ State _____ hereby declare that all the information submitted by me in this application form is correct, true and valid.

Date :

Signature of the Candidate

Place :

For Office Use only:	
Checked by - Signature:	Verified by – Signature:
Name :	Name:
Department :	Department:
Date :	Date :