

SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES :: TIRUPATI

APPLICATION FORM

Application form for the posts of Medical Officers, Staff Nurses, ANMs, Mammography Technicians, Cardiovascular Technicians Gr. II, Data Entry Operators, Public Relations Officers, Medico social Workers, Electricians, Drivers for the MRC project entitled “Evaluation of cancer awareness and screening programme – An implementation Research in Tirupati District, Andhra Pradesh” of SVIMS, Tirupati.

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.

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 & Religion | | | |
| 12 | Aadhaar Number | | | |

| 13. Qualifications : | | | | | | | |
|----------------------|---|-------------------|-----------------|-----------------|--|--|---|
| S. no | Degree Obtained | Subjects taken | No. of attempts | Year of passing | University | % of marks scored | Whether registered in the respective council (Yes/No) |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 14 | Any additional qualifications and training: | | | | | | |
| 15 | Particulars of employment or Work Experience in chronological order | | | | | | |
| S. no | Name of the employer & Address | Period of service | | Total Period | Nature of work performed / being performed | Experience certificate issued by Competent authority enclosed (Yes/No) | |
| | | From | To | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Declaration

I _____, Son of / Daughter of / Wife of _____,
resident of Village/Town/City _____ of District _____ State
_____ 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.

Date :

Signature of the Candidate

Place :

DOCUMENTS TO BE ENCLOSED (Xerox copies of following documents) :

| S.No. | Documents | Submitted | Remarks (For office use only) |
|--------------|--|------------------|--------------------------------------|
| 1 | Government issued ID Proof (Aadhaar card or others) | | YES / NO |
| 2 | Proof of age - SSC certificate | | YES / NO |
| 3 | Certificate of Educational qualifications (Degree, PG certificates & Mark lists) | | YES / NO |
| 4 | Medical Council Registration Certificate (For MO, Staff Nurses, ANM posts only) | | |
| 5 | Experience certificates | | YES / NO |
| 6 | Caste/category certificate (BC-A / BC-B / BC-D / SC(Gr.I) / SC(Gr.II) / SC(Gr.III) / ST / EWS) | | YES / NO |
| 7 | Any other relevant documents regarding work experience, training and publications | | YES / NO |
| 8 | Recent passport size photo's (two) of the applicant | | YES / NO |