

SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES,
TIRUPATI
DEPARTMENT OF PATHOLOGY

Project Title: DBT NIDAN Kendra at SVIMS

Application Form

Note: All the columns and fields must be filled in words with legible hand writing.

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.			
2	Father/Husband Name			
3	Age/ Gender	Age:	Gender:	
4	Address for Communication			
5	Permanent Address			
6	Contact number	Telephone:		
		Mobile number:		
7	Email address			
8	Date of Birth as per SSC marks card			
9	Marital status (Married/Single)			
10	Nationality			

11. Qualifications (BSc, MSc or equivalent examinations)						
	Degree Obtained	Subjects taken	No. of attempts	Year of pass	University	% of marks scored
1						
2						
3						
4						
12	Any additional qualifications:					

13.. Work and research experience:

14. Publications:

Declaration

I _____, S/o, D/o, W/o _____
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:	
Verified by- Signature: Name: Department: Date:	Verified by- Signature: Name: Department: Date:
Principal Investigator DBT NIDAN Kendra project SVIMS, Tirupati.	