

TIRUMALA TIRUPATI DEVASTHANAMS SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES

(A University established under the State Act) ALIPIRI ROAD :: TIRUPATI 517 501, A.P.

APPLICATION FORM

PERSONS PROFESSING HINDU RELIGION SHOULD ONLY APPLY

Last Date: 07-10-2025

Post ap	oplied for :										Affix se atteste latest S photogra	ed ize
1. Name (in Block Letters) :												
2. Fatl	her's Name					:						
3. Add	lress for con	nmunic	ation &	& Cor	ntact]	Nos.:				ntegory:		
5. Date of Birth D D & Age		M	M	Y	Y	Y	Y	Age	e(yrs)			
6. Aca	ionality & I demic Quali											
S.No.	o. Qualification			College & University				egn. No. f UG/PG		Period From	of study To	

S.No.	Qualification	College & University	Regn. No. Of UG/PG	MCI Recog-	Period o	of study
		om versity	0100/10	nition	From	То
01	MBBS					
02	MD / M.S./DNB (speciality)					
03	DM / M.Ch. /DNB (speciality)					
04	Others					

7. Details of previous appointments / Teaching Experience :

S.No.	Position	Name of the Institution	From	То	Experience in years & months
01	Tutor / Registrar / Demonstrator / Senior Resident				
02	Assistant Professor				
03	Associate Professor				
04	Professor				

 $8.\;\;$ No. of research publications in indexed journals :

7. Research Experience:

SI No	Title of Article	Authorship first/2 nd /others	Type of article Original/ case report/ review/ CME Proceeding	Journal National / International	Impact factor	Citation index

(please attach separate sheet if required)

10. Notice required for joining service if selected:

11. Any other particulars:

PLACE:

DECLARATION

I hereby declare that the contents of the application form and documents / certificates submitted by me along with the application are absolutely true, correct and authentic.

In the event of any of the statement in this application is found incorrect or false at later date, the undersigned is liable for necessary disciplinary action as per rules.

DATE:	SIGNATURE OF THE CANDIDATE

Enclosures:

- 1. Xerox copies of certificates of
 - a. SSC
 - b. MBBS
 - c. MD/MS
 - d. DM/M.Ch. (if applicable)
 - e. State Medical Council registration certificate for UG, PG & Superspeciality
 - f. Teaching experience certificate from the employer from the date of beginning of the service till date
 - g. Copies of research publications published with indexing details
- 2. Two passport size photographs.
- 3. Xerox copies of certificates as detailed under Qualifications & Experience