

**Sri Venkateswara Institute of Medical Sciences, Tirupati, Andhra Pradesh**  
**Application form for the Post of Senior research fellow – (Non medical) for Hospital based**  
**stroke Registry HBSR –ICMR-NCDIR at Dept of Neurology, SVIMS.**

**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.

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	Nationality			

11.Educational Qualifications						
	Degree Obtained	Subjects taken	No. of attempts	Year of pass	University	% of marks scored
1						
2						
3						
4						
12	Any additional qualifications:					

## 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 :

<b>For Office Use only:</b>	
Checked by - Signature: Name : Department : Date :	Verified by – Signature: Name: Department: Date :
Principal Investigator HBSR-ICMR-NCDIR SVIMS, Tirupati	Registrar SVIMS Tirupati