

SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES :: TIRUPATI

APPLICATION FORM

Application form for the posts of Medical Officer, Staff Nurse, ANM, Mammography Technician, Cardiovascular Technician Gr. II, Data Entry Operator, Public Relations Officer, Medico social Worker, Electrician, 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 Nurse, ANM posts only)		YES / NO
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