



SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES SRI PADMAVATHI
MEDICAL COLLEGE FOR WOMEN, SVIMS UNIVERSITY,
TIRUMALA TIRUPATI DEVASTHANAMS, TIRUPATI – 517 5017; A.P.



APPLICATION FORM FOR FACULTY POST

LAST DATE

30-08-2014

Post applied for : Speciality :

1. Name (in Block Letters) :
2. Father’s Name :
3. Address for communication & Contact Nos.: _____

4. Date of Birth & Age D D M M Y Y Y Y Age(yrs)

5. Nationality & Religion _____

6. Academic Qualifications :

S.No.	Qualification	College & University	Regn. No. Of UG/PG	MCI Recognition	Period of study	
					From	To
01	MBBS					
02	MD / M.S./DNB (speciality)					
03	DM / M.Ch. /DNB (speciality)					
04	Others					

9. Are you prepared to be considered for a post lower than the one applied : YES / NO
10. Notice required for joining service if selected :
11. Any other particulars :

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.

PLACE :

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 as first author
2. Two passport size photographs.
3. Xerox copies of publications as detailed under Qualifications & Experience