



SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI
TIRUMALA TIRUPATI DEVASTHANAMS, TIRUPATI
RECRUITMENT NOTIFICATION

Roc.No.C3/E-Office-377998/2022

Dt 15-04-2023

Applications are invited from eligible candidates along with a registration fee of Rs.500/- for filling various faculty posts on regular basis at Sri Venkateswara Institute of Medical Sciences and SVIMS-SPMCW, Tirupati established by an Act of A.P.State legislature.

ASSISTANT PROFESSOR

S.No.	Name of the department	OC		BC-A		BC-B		BC-C		BC-D		BC-E		SC		ST		PH(OH)		EWS		Spts		Total
		G	W	G	W	G	W	G	W	G	W	G	W	G	W	G	W	G	W	G	W	G	W	
1	Anaesthesiology	1	1											1										3
2	Anatomy	1			1									1					1					4
3	Biochemistry																1							1
4	Cardiology						1														1			2
5	Cardio thoracic Surgery	1																						1
6	Clinical Virology		1																					1
7	Community Medicine	1							1															2
8	Dermatology	1																						1
9	EMD													1										1
10	Endocrinology																				1			1
11	ENT									1		1												2
12	General Surgery	2	1	2		1							1	1	1					1				10
13	Haematology		1																					1
14	Hospital Admn																	1						1
15	Medical Gastroenterology	1																						1
16	Medical Oncology																1							1
17	Medicine	4	2		1	1				2		1		1						1				13
18	Microbiology													1									1	2
19	Nephrology						1														1			2
20	Neurology	1																						1
21	Neurosurgery													1										1
22	Nuclear Medicine	1																						1
23	OBG		1	1														1			1			4
24	Ophthalmology		1														1							2
25	Paediatrics	2				1								1										4
26	Pathology										1				1							1		3
27	Pharmacology	1								1		1												3
28	Physiology	1	1	1										1										4

Details of essential qualification and experience:

I. Broad Specialities (MD/MS/DNB)

SI.No.	Posts	Academic Qualification & Teaching Research Exp.
01.	<p>PROFESSOR- Scale 1 (8 years of Post PG Experience) Pay Matrix Level 13A2 (7th CPC) (Rs.139600- 211300)</p> <p>PROFESSOR- Scale 2</p> <p>Pay Matrix Level 14 A (7th CPC) (Rs.159100- 220200)</p>	<p>Qualification: A post graduate qualification MD/MS/DNB in the concerned subject and as per these Regulations.</p> <p>Teaching & Research Experience:</p> <p>(i) Associate Professor in the subject for 3 years in a permitted/approved/ recognized medical college/institution with three Research publications (atleast two as Associate Professor) (only original papers, meta-analysis, systematic reviews, and case series that are published in journals included in Medline, Pubmed Central, Citation index, Sciences Citation index, Expanded Embase, Scopus, Directory of Open access journals (DoAJ) will be considered). The author must be amongst first three or should be the Corresponding author.</p> <p>(ii) Should have completed the Basic course in Medical Education Technology from Institution(s) designated by MCI.</p> <p>(iii) Should have completed the Basic course in biomedical research from Institution(s) designated by MCI.</p> <p>Further provided that for the transitory period of 2 years w.e.f. the date of this notification, the appointment/ promotion to the post of Professor can be made by the institution in accordance with the “Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998” as prevailing before issuance of this notification.</p> <p>Candidates with 4 years of teaching experience as Professor Scale 1 (as mentioned above) shall be considered for Professor Scale 2</p>
02.	<p>Associate Professor (5 years of Post PG experience)</p> <p>Pay Matrix Level 13A1 (7th CPC) (Rs.131400- 204700)</p>	<p>Qualification: A Post graduate qualification MD/MS/DNB in the concerned subject and as per these Regulations.</p> <p>Teaching & Research Experience:</p> <p>(i) As Assistant Professor in the subject for 4 years in a permitted/approved/ recognized medical college/institution with one Research publication (only original papers, meta-analysis, systematic reviews, and case series that are published in journals included in Medline, Pubmed Central, Citation index, Sciences Citation index, Expanded Embase, Scopus, Directory of Open access journals (DoAJ) will be considered). The author must be amongst first three or should be the Corresponding author.</p> <p>(ii) Research project in lieu of publication/authorship can be considered only if the person is Principal or Co-Principal investigator (PI/CoPI) of a research project funded by a national research body such as Indian Council for Medical Research</p>

		<p>(ICMR), Department of Science & Technology (DST), Department of Bio-Technology (DBT) or any such body.</p> <p>(iii) Should have completed the Basic course in Medical Education Technology from Institution(s) designated by MCI.</p> <p>(iv) Should have completed the Basic course in biomedical research from Institution(s) designated by MCI</p> <p>Further provided that for the transitory period of 2 years w.e.f. the date of this notification, the appointment/ promotion to the post of Associate Professor can be made by the institution in accordance with the "Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998" as prevailing before issuance of this notification.</p>
03.	<p>Assistant Professor Pay Level 11 (7th CPC) (Rs.67700-93800)</p> <p>Pay Level 12 (7th CPC) (Rs.101500-167400)</p>	<p>Qualification: A Post graduate qualification MD/MS/DNB in the concerned subject and as per these Regulations.</p> <p>Teaching & Research Experience: 3 years Junior Resident in a recognized permitted medical college in the concerned subject and one year as Senior Resident in the concerned subject in a recognized permitted medical college.</p> <p>In case of DNB candidate equated to MD/MS in terms of clause 4A of Schedule-I, in addition to 3 year teaching experience in the subject as Resident/ Registrar/Demonstrator/ Tutor or work experience gained during DNB training, one year as Senior Resident in the concerned subject in a recognized/ permitted medical college\</p> <p>Candidates who possess three years of teaching experience after obtaining eligibility for Assistant Professor as mentioned above, will be considered for Pay Level 12.</p>

II. Super Speciality (DM/M.Ch./DNB)

01.	<p>PROFESSOR Scale-1 (5 years of Post Super Speciality experience)</p> <p>Pay Matrix Level 13A2 (7th CPC) (Rs.139600-211300)</p>	<p>Qualification: A super speciality post graduate qualification in DM/M.Ch./DNB in the concerned subject and as per these Regulations.</p> <p>Teaching & Research Experience:</p> <p>(i) Associate Professor in the subject for 3 years in a permitted/approved/ recognized medical college/institution with three Research publications (atleast two as Associate Professor) (only original papers, meta-analysis, systematic reviews, and case series that are published in journals included in Medline, Pubmed Central, Citation index, Sciences Citation index, Expanded Embase, Scopus, Directory of Open access journals (DoAJ) will be considered). The author must be amongst first three or should be the Corresponding author.</p> <p>(ii) Should have completed the MCI recognized Basic course in Medical Education Technology.</p> <p>(iii) Should have completed the Basic course in biomedical research from Institution(s) designated by MCI.</p> <p>Further provided that for the transitory period of 2 years w.e.f. the date of this notification, the appointment/ promotion to the post of Professor can be made by the institution in accordance with the "Minimum Qualifications</p>
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	PROFESSOR- Scale 2 Pay Matrix Level 14 A (7 th CPC) (Rs.159100- 220200)	for Teachers in Medical Institutions Regulations, 1998” as prevailing before issuance of this notification. Candidates with 4 years of teaching experience as Professor Scale 1 (as mentioned above) shall be considered for Professor Scale 2
02.	Associate Professor (2 years of Post Super Speciality experience) Pay Matrix Level 13A1 (7 th CPC) (Rs.131400- 204700)	Qualification: A super speciality post graduate qualification in DM/M.Ch./DNB in the concerned subject and as per these Regulations. Teaching & Research Experience: (i) As Assistant Professor in the subject for 2 years in a permitted/approved/ recognized medical college/institution with one Research publication (only original papers, meta-analysis, systematic reviews, and case series that are published in journals included in Medline, Pubmed Central, Citation index, Sciences Citation index, Expanded Embase, Scopus, Directory of Open access journals (DoAJ) will be considered). The author must be amongst first three or should be the Corresponding author. (ii) Research project in lieu of publication/authorship can be considered only if the person is Principal or Co-Principal investigator (PI/CoPI) of a research project funded by a national research body such as Indian Council for Medical Research (ICMR), Department of Science & Technology (DST), Department of Bio-Technology (DBT) or any such body. (iii) Should have completed the Basic course in Medical Education Technology from Institution(s) designated by MCI. (iv) Should have completed the Basic course in biomedical research from Institution(s) designated by MCI Further provided that for the transitory period of 2 years w.e.f. the date of this notification, the appointment/ promotion to the post of Associate Professor can be made by the institution in accordance with the “Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998” as prevailing before issuance of this notification.
03.	Assistant Professor Pay Level 12 (7 th CPC) (Rs.101500- 167400)	Qualification: A Super Specialty post graduate qualification in DM/M.Ch./DNB equated to DM/M.Ch. in terms of clause 4A of Schedule – I in the concerned subject and as per these Regulations.

General conditions

1. The academic qualifications and research & teaching experience are as per Notification of National Medical Commission (Postgraduate Medical Education Board) dated the 14th February, 2022 in TEACHERS ELIGIBILITY QUALIFICATIONS IN MEDICAL INSTITUTIONS REGULATIONS, 2022.
2. The above vacancies are provisional and subject to variation. The Director cum VC, SVIMS, Alipiri Road, Tirupati reserves the right to vary the vacancies including reserved vacancies as per the Government of Andhra Pradesh requirements. The Institute may cancel the Vacancy Notice or cancel selection of any of the post(s) as felt necessary.

3. Reservation will be as per Government of Andhra Pradesh Policy.
4. 4% of the total vacancies are horizontally reserved for PWD candidates with Benchmark Disabilities shall be applicable as per the Government of Andhra Pradesh.
5. Reservation for Economically Weaker Sections (EWS) shall be applicable as per Government of Andhra Pradesh, vide G.O.Ms.No.66, dated : 14-07-2021. Candidates must ensure that they have a valid EWS certificate on the last date of submission of application. ESW Candidates will attach certificate issued by the Competent Authority in the prescribed format along with application. In case suitable Economically Weaker Sections (EWS) candidates are not found, these post will not be carried forward/or considered as backlog vacancy, hence Unreserved (UR) candidates may also be allowed provisionally to apply against EWS posts advertised through above referred advertisement who may be considered in case suitable EWs candidate are not found to fill up these posts reserved for EWS.

6. **List of enclosures to be sent along with application :**

- a) Application form.
- b) Brief resume of the Candidate in the *prescribed format*.
- c) Proof of Age / SSC Certificate.
- d) UG degree certificate.
- e) PG degree certificate.
- f) Registration certificates / Renewal of Registration certificates.
- g) Experience certificates.
- h) Caste certificate SC/ST/OBC/EWSS (If applicable, as per Gol norms).
- i) NOC (No Objection Certificate) for those Candidate who are working in Govt. Organization on regular basis, if applicable
- j) **Five (5) Best publications** (Not more than 5 publications must be attached).
- k) Any other relevant documents such as work experience in various Committees related to Hospital.

Last date for submission	
Hard copy of application	<p>The application with all the certificated/enclosures/documents must be sent to below mentioned address on or before 08-05-2023 by 5.00 P.M.</p> <p style="text-align: center;">The Registrar, Sri Venkateswara Institute of Medical Sceinces (SVIMS) Alipiri Road, Tirupati, TIRUPATI DISTRICT – 517 502</p> <p>The envelope containing the application must be super scribed as "Application for the post of _____ in the discipline of _____ for SVIMS, Tirupati"</p>

7. Applicants already employed in Central/State Govt./Autonomous Institutions/Statutory organization/ PSU's under Central/State Govt. should route their applications(s) through proper channel. While forwarding the applications(s) through proper channel, a certificate to the effect that Central Govt./State Govt./Union Territory or the present Department/Organizations has "**No Objection**" for the Officer to apply for SVIMS, Tirupati must be submitted along with the application so that, in case of selection, the Officer concerned will be relieved from the present Department/Organization to joining SVIMS, Tirupati.

8. **Applications(s) with incomplete information** as required, not-remittance of requisite application fee and failure in submission of copies of relevant enclosures/certificated/documents within the specified period **will be rejected** without any communication.
9. If a candidate wishes to **Apply for more than one post** in the same department of SVIMS, Tirupati, **he/she must apply separately**.
10. The applicants applying in response to this advertisement should satisfy themselves regarding their eligibility for the post applied for. They must be fulfilling eligibility criteria as on the closing date of applications failing which their application will be rejected. In case it is found that they are not fulfilling any of the criteria at any stage, their candidature will summarily be rejected.
11. The filled in applications should reach the Registrar, Sri Venkateswara Institute of Medical Sciences (SVIMS), Alipiri Road, Tirupati – 517 501, Andhra Pradesh, India as per the last date i.e. **08-05-2023** mentioned against the posts. Postal delay shall not be accepted.
12. **APPLICATION FEES : Rs. 500/- (Rupees Five hundred Only)**
13. The candidates should pay the prescribed application fee in the Name of the Director cum VC, SVIMS, Tirupati either through ONLINE or by way of Demand Draft. The Bank account details are for online payment is as follows :
The Director cum VC,
Account No: 62137279189
State Bank of India, SVIMS Campus, SVIMS Tirupati
Branch Code : 20926 ; IFSC Code – SBIN0020926
MICR – 517002032 Branch Phone : 0877-2286564

In case of Demand Draft, it should be in the name of “The Director cum VC, SVIMS, Tirupati”.

14. Application fee once remitted shall not be refunded under any circumstance.

15. The decision of the Director cum VC, SVIMS, Alipiri Road, Tirupati in all matters relating to eligibility, acceptance or rejection of the applications, penalty for false information, mode of selection, conduct of examination(S), allotment of examination centers, interview dates, selection and allotment of posts to selected candidates will be final, and no enquiry / correspondence will be entertained in this regard.
16. Any corrigendum or revision of the advertisement or any other information regarding this recruitment will be posted on the Official website of SVIMS, Alipiri Road, Tirupati only in due course. Candidates are advised to visit Institute’s website regularly for any updates about this advertisement and selection process.
17. Based on the declaration of the candidates in their application, they will be provisionally declared eligible to appear for Interview. However, if anyone found not meeting the prescribed qualification/experience and other eligibility criteria as per the advertisement at any stage of the selection processor even after selection, then their candidature will be treated as cancelled without giving them any further notice.

18. Maximum Age limit:

Professor : Not exceeding **55 Years**

Associate Professor and Assistant Professor : Not exceeding **50 years**

19. Upper age limit shall be determined as on last date for submission of application.

- a. Date of Birth as recorded in the Matriculation/Secondary Examination Certificate only will be accepted by the Institute of determining the age and no subsequent request for change be considered or granted.

- b. No age relaxation would be available to SC/ST/OBC Candidates applying for unreserved vacancies.
- c. Age relaxation permissible to various categories is as under:-

Sl. No.	Category	Age Relaxation permissible beyond the upper age limit
1	SC/ST	05 Years
2	BC	03 Years
3	PWD	10 Years
4	Government Servant	05 Years

20. The applicants, who do not have requisite qualifications/experiences as advertised as on the last date for submission of applications, will not be considered. However, in case they are called for Screening Test/interview and appeared for the same does not confer any rights for selection in case they are found not meeting eligibility criteria later on.
21. The post(s) is/are whole time and private practice of any kind is prohibited.
22. Canvassing of any kind will be a disqualification.
23. The candidate should not have been convicted by any Court of Law.
24. In case any information given or declaration by the candidate is found to be false or if the candidate has wilfully suppressed any material information relevant to the appointment, he/she will be liable to be removed from the service any action taken as deemed fit by the Appointing Authority.
25. The Competent Authority reserves the right for any amendment, cancellation and changes to this advertisement as a whole or in part without assigning and reason or giving notice. Any corrigendum/addendum/amendment to this advertisement and further details about interview will only be posted on the official website of SVIMS, Tirupati in due course. Therefore, candidates are advised to visit institute's website regularly for any updates about this advertisement and selection process.
26. The decision of the competent Authority regarding Interview, Verification of Documents and Selection would be final and binding on all candidates. No representation / correspondence will be entertained in this regard.
27. All disputes will be subject to jurisdiction of Court of Law, Andhra Pradesh.

DIRECTOR CUM VC

PROFORMA OF CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS (EWSs)

Government of

(Name & address of the authority issuing of certificate) INCOME & ASSEST CERTIFICATE TO BEPRODUCED BY ECNOMICALLY WEAKER SECTIONS.

Certificate NO.

Date:

VALID FOR THE YEAR

This is to certify that Shri / Smt / Kumari
son/daughter/wife of permanent resident of,

..... Village/Street, Post Office, District
..... in the State/Union Territory PIN Code

..... whose photograph is attested below belongs to economically Weaker Sections, since the gross annual income* of his/her family** is below Rs. 8 laksh (Rupees Eight Lakhs only) for the financial year

His/her family does not own or possess any of the following assets***:

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. Ft. and above;
- III. Residential plot of 10 sq. Yards and above in notified municipalities;
- IV. Residential plot of 200 sq. Yards and above in. Areas other than the notified municipalities.

2. Shri /smt / Kumari..... belong to the caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Recent passport size attested photograph of the applicant

Signature with seal of Office

Name

Designation

Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

** Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and sibling below the age of 18 years as also his/her spouse and children below the age of 18 years

*** Note3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

PROFORMA OF DISABILITY CERTIFICATES

Form-V

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

(See rule 18(1))

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent
Passport size
Attested
Photograph
(Showing face
only) of the
person with
disability

Certificate No.

This is to certify that i have carefully examined Shri/Smt./Kum.....
son/wife/daughter of Shri..... Date of
Birth..... (DD/MM/YYYY) Age..... years, male / female
permanent Registration No..... resident of House No.....
Ward/Village/Street..... Post Office District
..... State..... whose photograph is affixed above, and am satisfied
that:

(A) he/she is a case of:

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(8) The diagnosis in his/her case is

(A) He/ She has% (in figure) percent Disability / dwarfism blindness
 (part of (in words) permanent relation Locomotor to his / her in body) as per guidelines
 (..... number and date of issue of the guidelines to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised signatory of Notified Medical Authority)

Signature/Thumb impression of the person in whose favour certificate of disability is certificate issued

**Form-VI CERTIFICATE OF DISABILITY
(In case of multiple disabilities)
(See rule 18(1))**

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent size Passport Attested Photograph (Showing face only)

Certificate No.....

Date.....

This is to certify that we have carefully examined Shri/Smt./Kum..... /
 son/wife/daughter of Shri date of Birth (DD)/(MM)/(YY)
 Age years, male/female Registration No..... permanent resident
 of House No..... Ward/Village/Street..... Post Office
 district..... State.....whose photograph is affixed above, and are satisfied that:

(A) He /She is a Case of Multiple Disability. His /Her extent of permanent physical impairment/disability has
 been evaluated as per guidelines (..... umber and date of issue of the guidelines to be specified) for the
 disabilities ticked below, and shown

Against the relevant disability in the table below:

Sl. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in%)
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid attack Victim			
7	Low vision	#		
8	Blindness	#		
9	Deaf	£		
10	Hard of Hearing	£		
11	Speech and Language disability			
12	Intellectual Disability			
13	Specific Learning Disability			
14	Autism spectrum disorder			
15	Mental illness			
16	Chronic Neurological Conditions			
17	Multiple sclerosis			
18	Parkinson's disease			
19	Haemophilia			

20	Thalassemia			
21	Sickle Cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (..... number and date of issue of the guidelines to be specified), is as follows:

In figure: percent

In words: percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary,

Or

(ii) is recommended/after years..... months, and therefore this certificate shall be valid till (DD)/(MM)/(YYYY)

@ e.g. Left/Right/Both

Arms/legs# e.g. single eye

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of document	Date of Issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority :-

Name and seal of Member	Name and seal of Member	Name and seal of the Chairperson
Signature/Thumb impression of the person in whose favour certificate of disability is issued		

Form-VII CERTIFICATE OF DISABILITY

(in cases other than those mentioned in Forms V and VI)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

[Sec rule 18(1)]

Recent Passport
Size Attested
photograph
(Showing face the
only) of person
disability

Certificate No.....

Date:.....

This is to certify that I have carefully examined Shri/Smt/Kum.....
son/wife/daughter of Shri..... Date of Birth.....
(DD)/(MM)/(YYYY) Age years, male/female..... Registration No..... permanent
resident of House No..... Ward/Village/Street Post
Office..... District..... State whose
photograph is affixed above, and am satisfied that he/she is a case of disability. His/her extent of
percentage physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown
against the relevant.

Disability in the table below:-

Sl. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in%)
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Cerebral Palsy			
5	Acid attack Victim			
6	Low vision	#		
7	Deaf	£		
8	Hard of Hearing	£		
9	Speech and Language disability			
10	Intellectual Disability			
11	Specific Learning Disability			
12	Autism spectrum disorder			
13	Mental illness			
14	Chronic Neurological Conditions			
15	Multiple sclerosis			
16	Parkinson's disease			
17	Haemophilia			
18	Thalassemia			
19	Sickle Cell disease			

(Please strike out the disabilities which are not applicable.)

The above condition is progressive/non-progressive/likely to improve/not likely to improve.

2. Reassessment of disability is:

(i) not

Necessary Or

(ii) is recommended / after years..... months, and therefore this certificate shall be valid till(DD)/(MM)/(YY)

@ - eg. Left/Right/both

arms/legs# - eg. Single eye/both

eyes

€ - eg. Left/Right/both ears

3. The applicant has submitted the following documents as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

Signature/Thumb impression
of the person in whose favour
certificate of disability is
issued

(Authorized Signatory of Notified Medical Authority) (Name and Seal) Countersigned (countersignature and seal of the Chief Medical Officer/Medical Superintendent/Head of Government Hospital, in case the Certificate is issued by a medical Authority who is not a Government Servant (with seal)) Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.

Note: The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.

Candidates already employed in Central / State government / Autonomous Institutions / statutory Organizations / PSUs under Central / State Government should get the following endorsement signed by their present employer (appointing authority).

NO OBJECTION CERTIFICATE

1. Certified that Dr./Shri/Smt./Kumari _____ holds a post of _____ for the period from _____ to _____ on regular basis in this Department/Office/Institution/Organization. **I have no objection to his/her application being considered for the post of _____ in the department of _____ in SVIMS, TIRUPATI. In the event of his / her selection to the post, he/she will be relieved from the duty to take up the post of _____ in SVIMS, Tirupati.**
2. Certified that he/she submitted his/her application to the Department / Office/ Institution/Organization on _____ for onward transmission to **SVIMS, Tirupati.**
3. Certified that there are no disciplinary proceedings.

No. _____

Signature _____

Dated _____

Designation _____

(Seal with Name & Designation office stamp)