



SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI
Application for the post of CHIEF ACCOUNTS OFFICER

Please affix
the photo
(3.5 cm X
4.5 cm)

Name of the Applicant :
(Name in capital letters)

Surname :

Father's Name :

Date of Birth : Age: Years Months

Gender : Male / Female

Nationality & Religion :

Caste :

Qualifications :

Sl. No.	Qualifications (Academic & Technical)	University / Board	Year of Passing	Subject / discipline in degree /PG	% of Marks

Experience :

Sl. No.	Name of the organization (or) firm	Designation	Period of work	
			From	To

Postal Address:

Address for Communication:

Permanent Address:

Door No.

Area / Village

Town

District

State

Pincode

Mobile Number

:

E-mail ID (if any)

:

Whether Telugu subject opted in :
(SSC / Intermediate / Degree)

DECLARATION

I certify that the foregoing information is correct and complete to the best my knowledge and belief.

Place :

Date :

SIGNATURE OF THE APPLICANT