#  SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI,

**Please affix the photo (3.5 cm X**

**4.5 cm)**

 **Application for the post of** CHIEF ACCOUNTS OFFICER

Name of the Applicant :

(Name in capital letters)

Surname :

Father’s Name :

Date of Birth : Age:

Years

Months

Gender :

Nationality & Religion :

Caste :

Qualifications :

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

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

Postal Address:

Door No. Area / Village Town

District State Pincode

Address for Communication: Permanent Address:

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**