



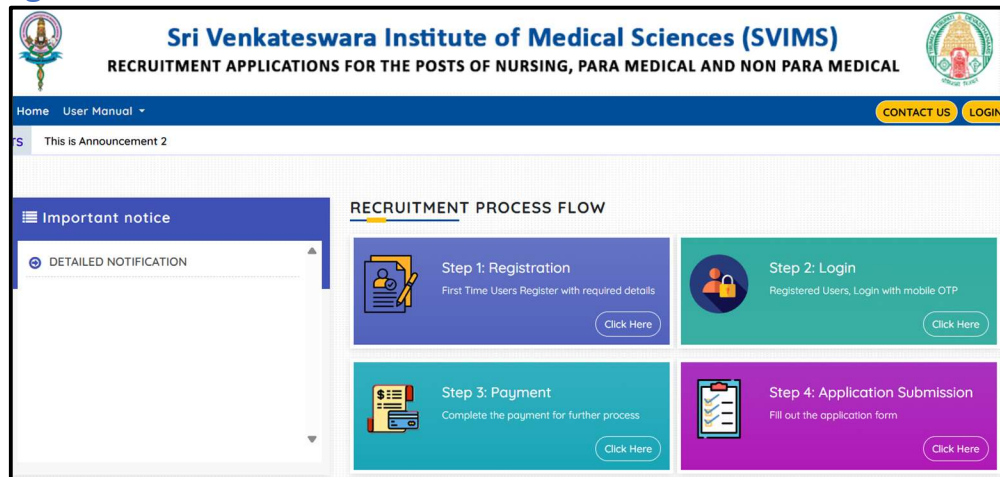
**User Manual  
for  
RECRUITMENT APPLICATIONS FOR THE POSTS  
OF NURSING, PARA MEDICAL AND NON PARA  
MEDICAL  
Prepared  
By**

**APOnline**

## Process Flow:-

- ❖ Home Page
- ❖ Registration
- ❖ Login
- ❖ Payment
- ❖ Application Submission

## Home Page:-



## Registration:-

- **Please read the Notifications and Note Points before proceeding with the registration.**
- Enter/Select/Upload all fields to complete the registration.

**Registration**

**Note:**

- Online applications are invited from eligible candidates native to the State of Andhra Pradesh (Post Bifurcation of the state of Andhra Pradesh) and professing Hindu Religion are alone eligible for recruitment.
- Applicants are advised to read the Detailed Notification carefully before proceeding with the registration. Once the application fee is paid, it will not be refunded under any circumstances.
- Mobile number must remain active during recruitment process.
- Save your Registration ID after successful registration.
- All uploaded files must be PDF and under 1 MB.

**Name as per SSC/Birth Certificate \*** **Gender \*** **Religion \***

**Aadhaar Number \*** **State \*** **District \***

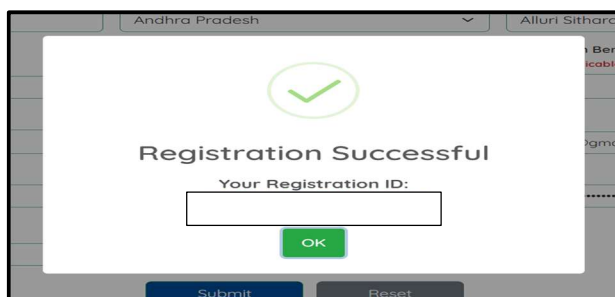
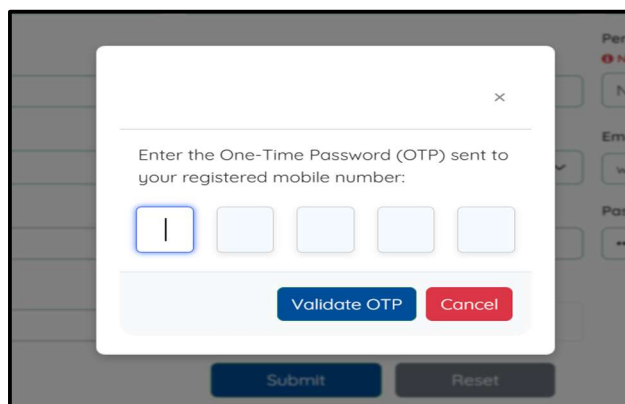
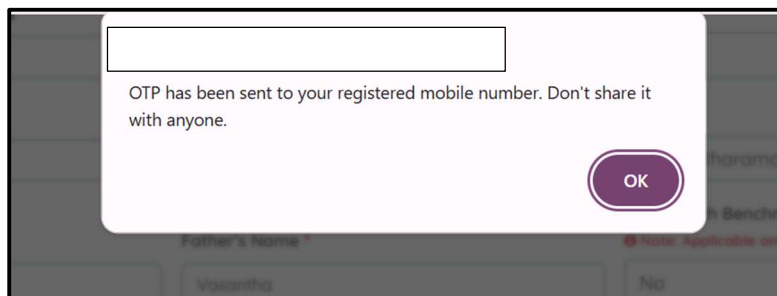
**Mother's Name \*** **Father's Name \*** **Person with Benchmark Disability (PwBD) \***

**Caste Category \*** **Email \*** **Mobile Number \***

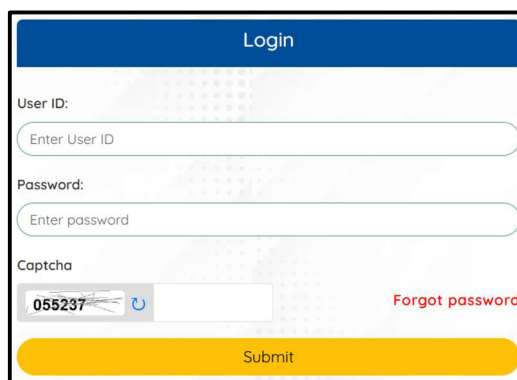
**Aadhaar Certificate Upload \*** **Password \*** **Confirm Password \***

**Captcha \***

Click on **Submit** Button, then OTP will be sent to the registered mobile number for confirmation of the registration.



## Login Page:-

A login form with a blue header bar containing the word "Login". Below the header are three input fields: "User ID:" with a placeholder "Enter User ID", "Password:" with a placeholder "Enter password", and "Captcha" with a placeholder "055237" and a refresh icon. To the right of the captcha field is a red link that says "Forgot password". At the bottom is a large yellow button with the text "Submit".

Enter the **Registration ID** received on your **registered mobile number** in the **User ID** field. Then, enter the **password** that you created during registration and click **Submit**. After successful login, the **Home Page** will be displayed as.



## Payment:-

Select **Application Details** under Application Tab.



| Applicant Post Details |                                    |                                         |                                         |
|------------------------|------------------------------------|-----------------------------------------|-----------------------------------------|
| Candidate Name         | Religion                           | Category Group *                        | Post Applied For *                      |
| <input type="text"/>   | <input type="text" value="Hindu"/> | <input type="text" value="--Select--"/> | <input type="text" value="--Select--"/> |
|                        |                                    | <input type="button" value="Add"/>      | <input type="button" value="Clear"/>    |

Select **Category Group** and **Post Applied For** and click on **Add** Button to proceed with payment.

| Applicant Post Details |                                    |                                                                                   |                                         |
|------------------------|------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------|
| Candidate Name         | Religion                           | Category Group *                                                                  | Post Applied For *                      |
| <input type="text"/>   | <input type="text" value="Hindu"/> | <input type="text" value="--Select--"/>                                           | <input type="text" value="--Select--"/> |
|                        |                                    | <input type="button" value="Add"/>                                                |                                         |
|                        |                                    | <div> --Select--<br/> Nursing<br/> Para &amp; Non-Para Medical State Level </div> |                                         |

| Applicant Post Details |                                    |                                          |                                         |
|------------------------|------------------------------------|------------------------------------------|-----------------------------------------|
| Candidate Name         | Religion                           | Category Group *                         | Post Applied For *                      |
| <input type="text"/>   | <input type="text" value="Hindu"/> | <input type="text" value="Nursing"/>     | <input type="text" value="--Select--"/> |
|                        |                                    | <input type="button" value="Add"/>       | <input type="button" value="Clear"/>    |
|                        |                                    | <div> --Select--<br/> STAFF NURSE </div> |                                         |

Applicant Post Details

Candidate Name

Religion

Hindu

Category Group \*

--Select--

Post Applied For \*

--Select--

Add

Clear

Post Details

| S.No | Registration No | Application No | Category Group | Post Applied for | Payment            | Application | Action      |
|------|-----------------|----------------|----------------|------------------|--------------------|-------------|-------------|
| 1    |                 |                | Nursing        | STAFF NURSE      | <div>Pay Now</div> |             | <div></div> |

Click on **Pay Now** Button, to proceed with **Payment**

Payment Details

Candidate Name

:

Registration Number

:

Application Number

:

Category Group

:

Nursing

Post Applied for

:

STAFF NURSE

Transaction Ref No

:

Payment Amount (₹)

:

2360.00

Select Payment Type (₹)

:

--Select--

Payment in Details (₹)

:

Total Payment Amount (₹)

:

☐ I agree to the terms & conditions and request for Registration

Pay Now

Cancel

Fee Payment Receipt

13/07/2026 02:40:41 PM

Name of the Applicant

:

Registration Number

:

Category Group

:

Nursing

Post Applied for

:

STAFF NURSE

Transaction Date

:

Transaction Status

:

Payment Reference No

:

Application Fee

:

₹2360.00

TWO THOUSAND THREE HUNDRED AND SIXTY RUPEES ONLY

Print Receipt

Go to Home

After successful payment, the applicant can either download and print the **Payment Receipt** directly or navigate to the **Home Page** and click on **Download Receipt** to download it later.

Applicant Post Details

Candidate Name

Religion

Category Group \*

Post Applied For \*

Add

Clear

Post Details

| S.No | Registration No | Application No | Category Group | Post Applied for | Payment          | Application |
|------|-----------------|----------------|----------------|------------------|------------------|-------------|
| 1    |                 |                | Nursing        | STAFF NURSE      | Download Receipt | Apply       |

## Application Submission:-

### Basic Details:-

Click on **Apply** Button to proceed with application filling and submission.

Applicant Post Details

Candidate Name

Religion

Category Group \*

Post Applied For \*

Add

Clear

Post Details

| S.No | Registration No | Application No | Category Group | Post Applied for | Payment          | Application |
|------|-----------------|----------------|----------------|------------------|------------------|-------------|
| 1    |                 |                | Nursing        | STAFF NURSE      | Download Receipt | Apply       |

Application Form

Application No: SVMSNUST2600019

Post: Nursing - STAFF NURSE

Candidate: Greeshma Palisetty

1 Basic Details

2 Identification

3 Education Details

4 Experience Details

5 Preferences & Languages

6 Declaration

Candidate Name

Gender

Category Group

Nationality \*

State

District

Religion

Father's Name

Mother's Name

PwBD

Caste Category

EWS

Email

Mobile Number

Alternate Mobile Number

Are you a Person belongs to Ex-servicemen? \*

Working in SVIMS \*

DOB \*

Age \*

Have you represented the State/Nation in Sports& Games? \*

Date of birth proof/SSC certificate\*

Choose File

No file chosen

Previous

Save & Next

**Identification:-** Please enter the Identification details such as, PAN/Voter ID(optional), Identification marks, present & permanent address and click on **“Save & Next”**.

The screenshot shows the 'Identification' step of the application form. At the top, the form header displays 'Application No: SVIMSNUST2600019', 'Post: Nursing - STAFF NURSE', and 'Candidate: Greeshma Palisetty'. Below this is a progress bar with six steps: Basic Details (1), Identification (2), Education Details (3), Experience Details (4), Preferences & Languages (5), and Declaration (6). The 'Identification' step is currently active. The form contains the following fields: 'Aadhaar Available?' with a dropdown set to 'YES'; 'Aadhaar Number' with an input field; 'Voter ID Available?' with a dropdown set to 'Select'; 'PAN Available?' with a dropdown set to 'Select'; 'Identification Mark - 1(As per SSC)' with an input field; 'Identification Mark - 2(As per SSC)' with an input field; 'Present Address' with a text area; 'Permanent Address' with a text area; and a checkbox labeled 'Present Address and Permanent Address are same'. At the bottom, there are 'Previous' and 'Save & Next' buttons.

**Education Details:-** Please select the qualification and upload all the required documents and click on **“Save & Next”**

The screenshot shows the 'Education Details' step of the application form. The header and progress bar are identical to the previous step, but the 'Education Details' step (3) is now active. The form is divided into two main sections: 'Educational Qualification' and 'Document Upload'. The 'Educational Qualification' section contains two dropdown menus: 'Select Qualification Route' and 'Select Qualification', both currently set to '-- Select --'. The 'Document Upload' section contains two file upload areas: 'Residence Certificate' and 'Proof of Education'. Each area has a 'Choose File' button and a 'No file chosen' status. Below each upload area is a note: 'Note: Residence Certificate issued by the concerned Tahsildar is mandatory. Please upload a valid scanned copy.' and 'Note: Upload all Original/Provisional Degree Certificates and Mark Lists(SSC, Intermediate, UG & PG) in one merged PDF file only.' At the bottom, there are 'Previous' and 'Save & Next' buttons.

Education Details

Educational Qualification

Select Qualification Route:\*

B.Sc Nursing

Select Qualification:\*

B.Sc Nursing

| Sl.No | Select                   | Qualification / Certificate                              | Upload Document |                |
|-------|--------------------------|----------------------------------------------------------|-----------------|----------------|
| 1     | <input type="checkbox"/> | Post Graduate                                            | Choose File     | No file chosen |
| 2     | <input type="checkbox"/> | PG Diploma                                               | Choose File     | No file chosen |
| 3     | <input type="checkbox"/> | Under Graduate                                           | Choose File     | No file chosen |
| 4     | <input type="checkbox"/> | Intermediate/Diploma                                     | Choose File     | No file chosen |
| 5     | <input type="checkbox"/> | SSC                                                      | Choose File     | No file chosen |
| 6     | <input type="checkbox"/> | Study Certificate(6th to 9th)                            | Choose File     | No file chosen |
| 7     | <input type="checkbox"/> | Other Documents(if any,as mentioned in the notification) | Choose File     | No file chosen |

Document Upload

Residence Certificate \*

Choose File

No file chosen

Note: Residence Certificate issued by the concerned Tahsildar is mandatory. Please upload a valid scanned copy.

Proof of Education \*

Choose File

No file chosen

Note: Upload all Original/Provisional Degree Certificates and Mark Lists(SSC, Intermediate, UG & PG) in one merged PDF file only.

Skills & Registrations

☐ Andhra Pradesh Nursing Council Registration \*

Valid Registration Number \*

Enter Valid Registration Number

Validity Date \*

Select Validity

Board \*

Enter Board

Upload Certificate \*

Choose File

No file chosen

☐ Computer Knowledge

Upload Certificate

Choose File

No file chosen

☐ BLS Training Certificate

Upload Certificate

Choose File

No file chosen

☐ ACLS Training Certificate

Upload Certificate

Choose File

No file chosen

Previous

Save & Next

**Experience Details:-** Please enter the experience details, upload all the required documents and click on “Save & Next”

Application Form

Application No: SVIMSNUST2600019Post: Nursing - STAFF NURSECandidate: Greeshma Palisetty

✓

✓

✓

4

5

6

Basic Details

Identification

Education Details

Experience Details

Preferences & Languages

Declaration

Experience Details

Do you have prior professional work experience? \*  
☐ Yes ☒ No

PreviousSave & Next

Experience Details

Do you have prior professional work experience? \*  
☒ Yes ☐ No

Add Experience

Name of the Institution \*  
-- Select --

From Date \*  
Enter Date (DD/MM/YYYY)

To Date \*  
Enter Date (DD/MM/YYYY)

Total Period(Years) \*  
Enter Total Period(Years)

Total Period(Months) \*  
Enter Total Period(Months)

Total Period(Days) \*  
Enter Total Period(Days)

Proof of Experience \*  
Choose File No file chosen

EPFO/UAN Number \*  
Enter EPFO Number

EPFO/UAN Proof \*  
Choose File No file chosen

Bank Statement \*  
Choose File No file chosen

Salary Statement \*  
Choose File No file chosen

Appointment/Engagement Order \*  
Choose File No file chosen

PreviousSave & Next

**Preferences & Languages:-** Please select the exam center preferences, languages known and click on “Save & Next”

Application No: SVIMSNUST2600019Post: Nursing - STAFF NURSECandidate: Greeshma Palisetty

✓

✓

✓

✓

5

6

Basic Details

Identification

Education Details

Experience Details

Preferences & Languages

Declaration

Center Preferences & Languages Known

Preference1\*  
--Select--

Preference2\*  
--Select--

Preference3\*  
--Select--

Preference4\*  
--Select--

Preference5\*  
--Select--

| S.No | Language | Read                     | Write                    | Speak                    | Actions |
|------|----------|--------------------------|--------------------------|--------------------------|---------|
| 1    | TELUGU   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 2    | ENGLISH  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 3    | HINDI    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |

Note: If a language is not required, you may remove it by clicking the delete button.

PreviousSave & Next

**Declaration:-** Please read the declaration form carefully, upload candidate photo and signature, accept & agree the declaration and click on **“Submit”**

Application Form

Application No:

Post: Nursing - STAFF NURSE

Candidate:

✓  
Basic Details

✓  
Identification

✓  
Education Details

✓  
Experience Details

✓  
Preferences & Languages

6  
Declaration

Declaration

Additional Information

Have you ever been involved in any of the following?

-- Select --

- Disputed / Rusticated during Diploma / Degree / PG / CA Course
- Charged for use of unfair means by any Board of Examinations

**Document Uploads**

Candidate Photo \*

Choose File

No file chosen

Signature \*

Choose File

No file chosen

**Note:**

- Candidate Photo must be **3.5 x 4.5 cm** (1.4 x 1.8 in / 415 x 511 px)
- Candidate Signature must be **3.5 x 1.5 cm** (1.4 x 0.6 in / 415 x 177 px)

CBT is a proprietary examination and is conducted by **Sri Venkateswara Institute of Medical Sciences (SVIMS)** through **APONLINE Services** for recruitment of Nursing, Para Medical and Non-Para Medical Posts in SVIMS. The contents of this examination are confidential, proprietary and are owned by SVIMS. SVIMS explicitly prohibits the candidate from publishing, reproducing or transmitting any part of the examination, in whole or in part, in any form or by any means—verbal, written, electronic or mechanical—for any purpose.

No content of this examination shall be shared with any one including through online means or social media platforms such as SMS, WhatsApp, Facebook, Twitter, Hangouts, Blogs, etc., either using one's own account or proxy accounts.

By registering for and/or appearing in the CBT, I explicitly agree to abide by the above Non-Disclosure Agreement and the general terms and conditions contained in the SVIMS Recruitment Notification and official website.

Similarly, if such instances go undetected during the current examination process but are detected in subsequent years, such disqualification will take place with retrospective effect.

I/We, , understand that provision of incomplete information will automatically disqualify me from the examination process.  have read the Recruitment Notification and do hereby undertake that  will not indulge in any unfair means/practice in CBT conducted by SVIMS through APONLINE Services.  understand that the decision of SVIMS shall be final and binding upon me.

Any dispute concerning CBT would be subject to Jurisdiction of the Competent Courts exclusively at Hon'ble High Court of Andhra Pradesh State in Amaravathi only.  will comply with the Non Disclosure Agreement as indicated in the information bulletin.  certify that I have read and gone through the information bulletin for the exam.

☐ I hereby accept and agree to the above declaration and confirm that all information furnished by me is true and correct.
 ☐ If I furnish in-correct information or making false declaration regarding my eligibility at any stage or suppressing any information I am liable for action as per rules.

Previous

Submit

### Application Preview & Submit Page:-

After completing the application form, the **Preview** page will be displayed. Carefully review all the entered details. If any changes are required, click **Edit** to modify the information. If all the details are correct, click **Submit** to complete the application submission.

Application Preview

Personal Details

|                              |                      |
|------------------------------|----------------------|
| Candidate Name               | <input type="text"/> |
| Registration Number          | <input type="text"/> |
| Registration Number          | <input type="text"/> |
| Gender                       | <input type="text"/> |
| Category of the Post Applied | <input type="text"/> |
| Post Applied for             | <input type="text"/> |
| Nationality                  | <input type="text"/> |
| State                        | <input type="text"/> |
| District                     | <input type="text"/> |
| Region                       | <input type="text"/> |
| Medical Branch               | <input type="text"/> |
| Medical's Name               | <input type="text"/> |
| Public                       | <input type="text"/> |
| College Category             | <input type="text"/> |
| Rank                         | <input type="text"/> |
| Email ID                     | <input type="text"/> |
| Mobile Number                | <input type="text"/> |
| Alternative Mobile Number    | <input type="text"/> |
| Religion                     | <input type="text"/> |
| Age                          | <input type="text"/> |
| Is Government                | <input type="text"/> |
| Working in SVIMS             | <input type="text"/> |

Photo

Signature

10

Application Preview

Sign Up Representative

Personal Information

| Sl No | Document               | Available | Number / Details |
|-------|------------------------|-----------|------------------|
| 1     | Address                | YES       | 000000000000     |
| 2     | Voter ID               |           | 1234             |
| 3     | Pass                   |           | 1234             |
| 4     | Identification Photo 1 |           | 000000000000     |
| 5     | Identification Photo 2 |           | 000000000000     |

Educational Details

Qualification Name

Qualification

| Sl No | Qualification / Certificate | Document                            |
|-------|-----------------------------|-------------------------------------|
| 1     | Post Graduate               | <input type="button" value="View"/> |

| Sl No | Residence File                      | Education File                      |
|-------|-------------------------------------|-------------------------------------|
| 1     | <input type="button" value="View"/> | <input type="button" value="View"/> |

Skills & Registrations

Andhra Pradesh Nursing Council Registration

Registration Number

Validity Date

Board

Experience Details

| Sl No | Name of Institution | Institute Type | Other Institution Name | Employment Type | From Date  | To Date    | Start Period | Experience Proof                    | CPD Number   | CPD Proof Document                  | Bank Statement                      | Salary Statement                    | Supervisors/Supervisor's Order      |
|-------|---------------------|----------------|------------------------|-----------------|------------|------------|--------------|-------------------------------------|--------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1     | Others              | Contract       | Andhra Pradesh         | Government      | 10/01/2008 | 10/01/2008 | 01/10/10     | <input type="button" value="View"/> | 000000000000 | <input type="button" value="View"/> | <input type="button" value="View"/> | <input type="button" value="View"/> | <input type="button" value="View"/> |

Preferences & Languages

| Sl No | Qualification  |
|-------|----------------|
| 1     | Andhra Pradesh |
| 2     | Andhra Pradesh |
| 3     | Andhra Pradesh |
| 4     | Andhra Pradesh |
| 5     | Andhra Pradesh |

| Sl No | Language | Spoken | Written | Read |
|-------|----------|--------|---------|------|
| 1     | English  | YES    | YES     | YES  |
| 2     | English  | YES    | YES     | YES  |
| 3     | English  | YES    | YES     | YES  |

Additional Information

Have you ever been involved in any of the following?

### Confirm Submission?

Once submitted, you can't make changes. Do you want to continue?

### Submitted Successfully

Your application has been submitted.

## Print Application:-

Click **Download Application** to download and print the submitted application form.

**Applicant Post Details**

Candidate Name

Greeshma Palisetty

Religion

Hindu

Category Group \*

--Select--

Post Applied For \*

--Select--

Add

Clear

**Post Details**

| S.No | Registration No | Application No | Category Group | Post Applied for | Payment                     | Application                     |
|------|-----------------|----------------|----------------|------------------|-----------------------------|---------------------------------|
| 1    |                 |                | Nursing        | STAFF NURSE      | <div>Download Receipt</div> | <div>Download Application</div> |

**Sri Venkateswara Institute of Medical Sciences (SVIMS)**  
RECRUITMENT APPLICATIONS FOR THE POSTS OF NURSING, PARA MEDICAL AND NON PARA MEDICAL



**Applicant Details**

Candidate Name

Gender

Registration Number

Category

State

Mobile Number

Father's Name

Nationality

PuID

EWS

Computer Knowledge

Ex Servicemen

Ex Servicemen File

Working in SVIMS

Sports Representation

DOB / SSC Certificate

Basic Details

Date of Birth

Age

Application Number

Post Applied

District

Alternate Mobile Number

Mother's Name

Religion

PuID Certificate

EWS Certificate

Email ID

Ex Servicemen Period

Sports Certificate

Photo

Signature

**Identification**

**PERSONAL INFORMATION**

| S.No | Document | Available | Number / Details | Document File   |
|------|----------|-----------|------------------|-----------------|
| 1    | Aadhaar  | YES       | 555550237759     | <div>View</div> |
| 2    | Voter ID |           | N/A              | -               |
| 3    | PAN      |           | N/A              | -               |

**IDENTIFICATION DETAILS**

| S.No | Identification Marks 1 | Identification Marks 2 |
|------|------------------------|------------------------|
| 1    | qwertyui               | qwertyui               |

**Education Details**

**QUALIFICATION DETAILS**

| S.No | Qualification |
|------|---------------|
| 1    | B.Sc Nursing  |

**EDUCATION DETAILS**

| S.No | Class / Year                                            | Study Certificate |
|------|---------------------------------------------------------|-------------------|
| 1    | Post Graduate                                           | <div>View</div>   |
| 2    | PG Diploma                                              | -                 |
| 3    | Under Graduate                                          | -                 |
| 4    | Intermediate/Diploma                                    | -                 |
| 5    | SSC                                                     | -                 |
| 6    | Study Certificate(8th to 10th)                          | -                 |
| 7    | Other Document(if any as mentioned in the notification) | -                 |

**SKILLS**

| S.No | Skill Name                                  | Registration Number | Validity   | Board     | Skill Certificate |
|------|---------------------------------------------|---------------------|------------|-----------|-------------------|
| 1    | Andhra Pradesh Nursing Council Registration | 1234567890000       | 14/07/2026 | boardname | <div>View</div>   |

**Experience Details**

| S.No | Name of Institution | Employment Type | Other Institution | Institute Type | No Objection Certificate | From Date  | To Date    | Total Period | Experience Proof | EPFO Number  | EPF Proof       | Bank Certificate | Salary Statement | Appointment Order |
|------|---------------------|-----------------|-------------------|----------------|--------------------------|------------|------------|--------------|------------------|--------------|-----------------|------------------|------------------|-------------------|
| 1    | Others              | Contract        | qwertyuijkl       | Government     | -                        | 12/07/2026 | 13/07/2026 | QTYDM1D      | <div>View</div>  | 123456782345 | <div>View</div> | <div>View</div>  | <div>View</div>  | <div>View</div>   |

Center Preferences

| S.No | Preferences   |
|------|---------------|
| 1    | SRIRAKULAM    |
| 2    | VIZIANAGARAM  |
| 3    | VISADHARATNAM |
| 4    | EAST GODAVARI |
| 5    | WEST GODAVARI |

Languages Known

| S.No | Language | Speak | Write | Read |
|------|----------|-------|-------|------|
| 1    | TELUGU   | YES   | YES   | YES  |
| 2    | ENGLISH  | YES   | YES   | YES  |
| 3    | HINDI    | YES   | NO    | NO   |

Print

Close

Printed On: 11/07/2025 03:47:42 PM