



# Dr. NTR UNIVERSITY OF HEALTH SCIENCES

VIJAYAWADA - 520 008  
ANDHRA PRADESH, INDIA

## APPLICATION FOR THE POST OF NSS PROGRAMME COORDINATOR (PART-TIME)

### Important Note:

- Read carefully the enclosed instructions to the candidates before filling the form
- The entries should be in the candidate's own handwriting/ neatly type written
- Attach the list of all enclosures in the serial order

Affix recent color  
pass-port size  
photograph here

Notification Ref. No.:

Date:

1.	<b>Name in full</b> (Block Letters)	
2.	<b>Father's Name &amp; Occupation</b>	
3.	<b>Address to which communication to be sent</b> ( <i>The University shall not be responsible if the letters are not received at this address</i> )	H. No.
		Street :
		Village/Town/City :
		District :
		Postal PIN Code :
		Telephone Number with STD :
		Mobile Phone Number :
	E-mail ID :	
4.	<b>Date of Birth &amp; Age</b> (as on 11.02.2025)	
5.	<b>Place of Birth</b>	Village/Town :
		Mandal :
		District :
		State :
6.	<b>State whether you are married</b>	YES / NO
7.	<b>Social Status with sub-caste</b> (SC/ST/BC-A/BC-B/BC-C/BC-D/BC-E/ OC)	
8.	<b>Gender</b> (MALE/FEMALE)	



12. Give particulars of NSS Orientation Course undergone in a TOC/TORC :

Name of the Course Organized Institution/University	Period	
	From	To

13. Give particulars of participation in Extension work/Community service/Corporate life (Give a short account of your contribution to community work, National Literacy Mission, etc.) :

14. Are you willing to work on part-time basis daily from the working place through e-office and in the O/o NSS cell if needs.

15. Are you willing to accept the remuneration and other allowances for part-time work as per NSS manual from time to time.

16. Any other information.

**UNDERTAKING**

The particulars furnished above are correct to the best of my knowledge.

Place:

Date:

Signature of the Applicant

**For Government / University Servants only**

Endorsement by the Head of the Department/Office or the Principal of the College

Endt. No. \_\_\_\_\_

Date: \_\_\_\_\_

Forwarded to the Registrar, Dr. NTR University of Health Sciences, Vijayawada, A.P.

The applicant, Dr./Sri/Smt/Kum \_\_\_\_\_ holds a permanent/temporary post under the Department/College. His/Her character as is known to me is good and his/her work suggests that he/she would be suitable for appointment, if he/she is selected for the post.

I certify that all the entries made in this application are correct according to his/her service book or records maintained in this office.

Full Signature. \_\_\_\_\_

Designation with seal: \_\_\_\_\_

**For Office use only**

**SCRUTINIZER'S REPORT:**

**Name of the Candidate :**

**Father's Name :**

**Post applied for :**

**ELIGIBLE**

**NOT ELIGIBLE**

(If not eligible, please state reasons:

Signature of the Scrutinizer