



DR. N.T.R. UNIVERSITY OF HEALTH SCIENCES, A.P.,
VIJAYAWADA – 520 008

APPLICATION FOR THE POST OF REGISTRAR

Application along with necessary enclosures has to be forwarded through proper channel duly certifying the information, failing which the application will be rejected.

Affix your latest
passport size,
Colour
photograph

1.	Name of the applicant (In Block Letters as qualifying examination)		
2.	Father's/Husband's Name		
3.	Date of Birth (DD/MM/YYYY) and Age		
4.	Postal address		
		PIN _____	
5.	Permanent Address		
		PIN _____	
6.	Aadhar No.		
7.	E-mail address		
8.	Contact Number Mobile Landline		
9.	Nationality		
10.	Sex & Marital Status		
11.	Social Status		
12.	Educational Qualification (In chronological order)		
	Exam Passed	Board / University	Year of Passing Division & % of Marks
13.	Technical Qualification (Computer knowledge etc.) (In chronological order)		
	Exam Passed	Board / University	Year of Passing Division & % of Marks

P.T.O.

14.	Details of Present Position, Department, College & Place					
15.	Details of Appointing Authority (DME / Commissioner, AYUSH/ Govt. of A.P.)					
16.	Details of Present Pay and Scale of Pay					
17.	Present and Previous Experience (Academic & Administrative) (in descending order starting with present post)					
	Name of the Employer with address	Post held	Period		Scale of Pay / Salary Drawn	Nature of duties (Attach separate sheets, if required)
			From	To		
18.	Details of Publications (Attach separate sheets, if required)					
19.	Have you ever been censured, suspended or dismissed by any School, College or University authority and/or by any employer? If yes, provide details.					
20.	Any other relevant information (not covered above) which the candidate desires to furnish.					

DECLARATION

I solemnly declare that the details given above in the application form are correct to the best of my knowledge and belief. In case any of the details in the application form are found false at a later stage, my candidature / appointment may be cancelled / withdrawn without any notice.

Place :
Date :

Signature of the Candidate