

Dr. NTR UNIVERSITY OF HEALTH SCIENCES

VIJAYAWADA – 520 008 ANDHRA PRADESH, INDIA

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

Important Note:

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

Affix recent color pass-port size photograph here

Notification Ref. No.:

Date:

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

9.	Give particulars of educational	qualifications	(from	SSC	onwards)):
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Examination / Degree	Name of the Board/University	Month & year of award of the degree	Division	% of Marks
	-			
W.				

10. Are you employed? If so, give the following particulars (give the particulars of UG & PG teaching experience):

Name of the institution & post held	Name of the employer	Nature of employment	Date of joining	Scale of Pay	Total emoluments
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		III south	1	1	mail mi
		F			and the same

11. Give particulars of NSS Programme Officer post held:

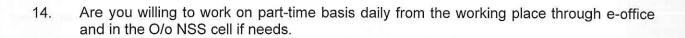
(A separate sheet may be enclosed with the details of NSS activities undertaken during the tenure as Programme Officer).

N	Perio	od
Name of the Institution	From	То
5		
5		

12.	Give particulars of NSS	Orientation Course undergone	in a TOC/TORC:
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Name of the Course Organized Institution/University	Period		
	From	То	

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.):



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 / L	Jniversity Servants only					
Endorsement by the Head of the Depa	artment/Office or the Principal of the College					
Endt. No.	Date:					
Forwarded to the Registrar, Dr. NTR Universit	Forwarded to the Registrar, Dr. NTR University of Health Sciences, Vijayawada, A.P.					
The applicant, Dr./Sri/Smt/Kum	holds					
	artment/College. His/Her character as is known to e/she would be suitable for appointment, if he/she					
I certify that all the entries made in service book or records maintained in this office	this application are correct according to his/her ce.					
	Full Signature					
	Designation with seal:					
For Offi	ice use only					
	ER'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					