

DR. N.T.R. UNIVERSITY OF HEALTH SCIENCES, A.P.,

VIJAYAWADA - 520 008

APPLICATION FOR THE POST OF DIRECTOR (RESEARCH & DEVELOPMENT)

(On deputation basis on usual terms and conditions of foreign service as per G.O.(P) No.10 Finance & Planning (FW.FR-II) Dept., dated 22.01.1993 and its amendments).

Affix your latest passport size, Colour photograph

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

1.	Name of the applicant (In Block Letters)			
2.	Father's/Husband's Name			
3.	Date of Birth (DD/MM/YYYY) and Age			
4.	Postal address			
		DIN		
5.	Permanent Address	PIN		
6.	Aadhar No.	PIN		
7.	E-mail address			
				4
8.	Contact Number Mobile			
	Landline		Minutes	s reips
9.	Nationality			
LO.	Sex & Marital Status			
11.	Social Status	egranustini -	and a contract of	2 II
12.	Educational Qualification (In ch	ronological order)		
E	xam Passed	Board / University	Year of Passing	Division & % of Marks
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1,770	3. Technical Qualification(In chromate Passed	onological order) Board / University	Year of Passing	Division &
				% of Marks

14.		resent Position,				
	Departmen	nt, College & Place				
15.		Appointing Authority nmissioner, AYUSH)				dani se an
16.	Scale of Pa					
17.	7. Present and Previous Experience (Academic & Administrative) (in descending order starting with present post)					
Name of the Post held		Period		Scale of Pay /	Nature of	
Employer with address			From	То	Salary Drawn	duties (Attach separate sheets, if required)
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						Lesaumin ion
	d					
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18.	Details of (Attach separa required)	Publications ate sheets, if			and the state of t	To the Marie of
19.	. Any other i	nformation relevant info	rmation (not	covered abov	re) which the candidate	e desires to furnish
			DECLA	RATION		

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the details in the application form are found false at a later stage, my candidature / appointment may be cancelled / withdrawn.

Place:	Signature of the Candidate
Date:	