



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

**APPLICATION FOR THE POST OF CONTROLLER OF EXAMINATIONS**

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

| 14. | Details of Present Position, Department, College & Place   |           |        |    |                             |  |
|-----|--|-----------|--------|----|-----------------------------|--|
| 15. | Details of Appointing Authority (DME / Commissioner, AYUSH)  |           |        |    |                             |  |
| 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 of your wards or relatives pursuing the courses offered by Dr. NTR University of Health Sciences in any affiliated college, if yes, furnish the details. |           |        |    |                             |  |
| 21. | 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.

Place :

Signature of the Candidate

Date :