



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

Affix your latest
passport size,
Colour photograph

APPLICATION FOR THE POST OF (on Outsourcing basis)
(Notification No. 1151/MIH/2018, Dt. 24.11.2021)

1.	Name of the applicant (In Block Letters)									
2.	a) Father's Name									
	b) Husband's Name (if married)									
3.	Date of Birth (DD/MM/YYYY) and Age as on 01.07.2021									
4.	Postal address	PIN _____								
5.	Permanent Address	PIN _____								
6.	Aadhar No.									
7.	E-mail address									
8.	Contact Number Mobile Landline									
9.	Nationality & Religion									
10.	Sex & Marital Status									
11.	Social Status (Please tick)	OC	BC-A	BC-B	BC-C	BC-D	BC-E	EWS	SC	ST
12.	If Physically Challenged (PH), please specify the category (VH or HH)									
13.	a) Educational Qualification (In chronological order)									
	Exam Passed	Board / University				Year of Passing		Division		

P.T.O.

12. b) Percentage of Marks in Degree (Minimum Educational Qualification)					
Name of the Degree Course	Maximum Marks (from 1 st year to Final year)	Marks Obtained		Total % of Marks on Grand total (including all years)	
	I Year Total – II Year Total – III Year Total– IV Year Total– Grand Total _____	I year Total – II year Total – II Year Total – IV year Total – Grand Total _____	}		
14. Technical Qualifications (Computer knowledge etc.) (In chronological order)					
Exam Passed	Board / University	Year of Passing		Division & % of Marks	
15. Present and Previous Experience (in descending order starting with present post)					
Name of the Employer with address	Post held	Period		Total Period of Experience	Nature of duties (Attach separate sheets, if required)
		From	To		
Details of School Education	Class	Month & Year of Passing	Name of the School		Name of the Village, Mandal & District
	IV				
	V				
	VI				
	VII				
	VIII				
	IX				
X					

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the details in the application form are found false at a later stage, my candidature / appointment may be cancelled / withdrawn.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