



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

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passport size,  
Color photograph

**APPLICATION FOR THE POST OF SYSTEM ADMINISTRATOR (on Outsourcing basis)**  
**(Notification No. 853-SA/MIII/2022, Dt.05.07.2022)**

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 the date of notification			
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)	<b>OC</b>	<b>SC</b>	
12.	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 <sup>st</sup> 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 _____	}		
13. 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any of the details in the application form are found false at a later stage, my candidature/appointment may be canceled/withdrawn.

Place:

Signature of the Candidate

Date: