



DR. Y.S.R. UNIVERSITY OF HEALTH SCIENCES, A.P.,
VIJAYAWADA – 520 008

APPLICATION FOR THE POST OF DIRECTOR (RESEARCH & DEVELOPMENT)

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 (In Block Letters)			
2.	Father's/Husband's Name			
3.	Date of Birth (DD/MM/YYYY) and Age			
4.	Postal address			
		PIN _____		
5.	Permanent Address			
		PIN _____		
6.	Aadhar No.			
7.	E-mail address			
8.	Contact Number Mobile Landline			
9.	Nationality			
10.	Sex & Marital Status			
11.	Social Status			
12.	Educational Qualification (In chronological order)			
	Exam Passed	Board / University	Year of Passing	Division & % of Marks
13.	Technical Qualification(In chronological order)			
	Exam Passed	Board / University	Year of Passing	Division & % 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
			From	To	
18.	Details of Publications (Attach separate sheets, if required)				
19.	Any other information 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the details in the application form are found false at a later stage, my candidature / appointment may be cancelled / withdrawn.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 :