



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

VIJAYAWADA – 520 008

APPLICATION FOR THE POST OF CONTROLLER OF EXAMINATIONS

(Notification No.683/MII/2011-17, Dt. 21.09.2022)

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 rejected.

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 (Computer knowledge etc.) (In chronological order)			
	Exam Passed	Board / University	Year of Passing	Division & % of Marks

P.T.O.

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.	Date of regular appointment to the post of Professor:				
19.	Details of Publications (Attach separate sheets, if required)				
20.	Have you ever been censured, suspended or dismissed by any School, College or University authority and/or by any employer? If yes, provide details.				
21.	Details of disciplinary cases pending, including charge memos, if any.				
22.	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.				
23.	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the details in the application form are found false at a later stage, my candidature / appointment may be cancelled / withdrawn.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 :