PVKK INSTITUTE OF TECHNOLOGY, ANANTHAPURAMU

| Affix recent | |
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| photograph | |
| | |

APPLICATION FOR THE POST OF :

NAME OF THE DEPARTMENT :

1. Name with Surname (in Block Letters) :

2. Father's name (in Block Letters) :

3. Date of Birth (dd/mm/yyyy) :

4. Aadhaar card Number :

5. PAN card number :

6. Mobile Number :

7. E-mail ID :

8. Address for Correspondence :

9. Educational Qualifications:

| S.No | Examination Passed | Name of Degree | Branch / Specialization | Name of College | Name of University | Year of Passing | % of Marks / Grade |
|------|-----------------------|----------------|----------------------------|--------------------|-----------------------|--------------------|--------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |

10. Have you passed NET/SET/SLET or its equivalent?

If yes, indicate the month & year of exam.

| . | Organization | | Designation | | Pe | Total | | |
|-------------------|------------------------------|---------------------|-------------|-----------------|-------------------|---------------------------|-----------------------|------------------------|
| S.No | | | | | From (dd/mm/yyyy) | To (dd/mm/yyyy) | Experience | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 12 D | otails of ratific | d service, if any | | | | : | | |
| 12. 0 | etalis of Tatille | u service, ir ariy | <u> </u> | | | | | |
| S.No | Organization | | | Designation | | Period To | | Total ratified service |
| | | | | | (dd/mm/yyyy) | (dd/mm/yyyy) | | |
| | | | | | | | | |
| | | | | | | | | |
| 13. N | umber of Publi | ications (Give det | ails in a | separate sh | neet) | : | | |
| | | | 1 | | | | | |
| Particulars | | National | Inte | rnational | Particulars | | National | Internationa |
| Journals | | | | | Conferences | | | |
| Seminars/Symposia | | | | | Workshops | | | |
| Books au | uthored | | | | | | | |
| Monogra | phs | | | | | | | |
| | | | | | | | | |
| 14. N | o. of Ph.Ds. G | uided, if any | | : | | | | |
| 15. M | lembership in p | orofessional bodie | :S | : | | | | |
| 16. A | wards received | l, if any | | : | | | | |
| 17. Pa | 17. Patents obtained, if any | | | : | | | | |
| | | | | | | | | |
| Note: | Proofs of date | of birth, education | nal qua | lifications, ex | xperience | e, Publications, ratified | d service to be enclo | sed. |
| Declai | ration | | | | | | | |
| | | e that the particul | ars furr | nished by me | e in this a | application form are tr | ue to the best of my | knowledge and |
| | | | | | | e shall liable to be rej | | J |
| | | | | | | | | |
| | | | | | | | | |
| D | ated : | | | | | | Signature | of Candidate |

11. Employment details :

(Give in chronological order details of employment)