POPULATION RESEARCH CENTRE
ANDHRA UNIVERSITY
VISAKHAPATNAM - 530 003.

Affix Recent Passport Size Photograph

APPLICATION FORM FOR THE POST OF _____

1. (i) Full Name (in BLOCK LETTERS)

   (ii) Father/Husband Name

   (iii) Mother Name

2. (i) Date of birth (as per school record)

DD	MM	YYYY

(ii) Age (as on last date of application)

Years	Months	Days

3. Gender

Male	Female

4. Nationality

5. Caste

6. Marital Status

Married	Un-married

7. Address for communication

Pin Code :
Mobile No:
Email ID :

8. Academic & Research Qualifications
(Details of academic & Research qualifications to be supported by self attested copies).

Exam Passed	***Subjects***	***Month & Year of passing***	***Class/ Division***	***% of Marks / CGPA***	***Name of the board / University***
Matriculation/ SSC/SSLC					
Higher Secondary/ Pre-University					
Bachelor Degree					
Master Degree					
Ph.D.					
PDF					
Others (if any, please specify)					

9. Whether qualified in NET/SET: (enclose copy of the Certificate)

Yes	No

If yes, year of passing

10 Research Experience, if any (Proof of certificates are to be enclosed wherever necessary):

Sl. No.	***Position Held***	***Organization***	***Title of the project***	***From***	***To***

11 Details of Research Publications / Books / Book Chapters / Patents :

(Enclose list of publications / books / research articles in chronological order stating the Citation Index & Impact Factor of the journal and enclose to the application).

Research Publications	***Name of the Publisher / Journal***	***ISBN / ISSN Number***	***Year***	***Citation Index / Impact Factor***
International				
National				
Books				
Book Chapters				
Patents				

12 Training courses attended and papers presented at Conferences / Seminars / Workshops etc., (Proof of self-attested documents can be attached)

(a) Training Programmes / Workshops;

Type of Programme	***Title of the Programme***	***Organized by***	***From***	***To***

(b) Papers presented in Conference / Seminars (enclose separate sheet, if necessary):

Name of the Conference / Seminar	***Organized by***	***Title of the Paper Presented***	***Dates of the Conference / Seminar***

13. Any additional relevant information, the candidate wishes to provide, if any (please attach additional sheet, if required).

DECLARATION

I hereby declare that all information furnished in this application and its other enclosures is true, complete and correct to the best of my knowledge. I understand that the competent authority can take appropriate action against me in case of any of the information is found to be false/incorrect and my appointment is liable to be cancelled/terminated at any state.

Place:

Date: **(Signature of the applicant)**