

POPULATION RESEARCH CENTRE ANDHRA UNIVERSITY VISAKHAPATNAM - 530 003.



Affix Recent Passport Size Photograph

APPLICATION FORM FOR THE POST OF LDC/TYPIST (Purely on Contractual Basis)

1.	(i)	Full Name (in BLOCK LE	TTERS)							
	(ii) Father/Husband Name									
	(iii)	Mother Name	Mother Name							
2.	` '	Date of birth s per school cord) DD MM		I YYYY		(ii) Age (as on last date application)	e of	Years	Months	Days
3.	Gend	er Ma	le Female							
4.	Natio	onality.			5.	Caste				
6.	Marital Married Un-ma			narried						
7. /	Addres	ss for communic	ation							
		Pin Code								
		Mobile No Email ID								
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8. Academic Qualifications (Details of academic 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					
Others (if any, please specify)					

9. Technical Qualifications/Computer Knowledge (if any) (Please enclose self attested supporting documents).

Sl. No.	Name of the Exam Passed	Month & Year of passing	Class/ Division	% of Marks / CGPA	Name of the board / University

10 Experience/details of past service (if any) (Proof of self-attested documents can be attached).

Sl. No.	Name of the Post Held	Name of the Institution	Scale of Pay	Length of Service	Nature of Duties

11. 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