

## DR. Y.S.R. UNIVERSITY OF HEALTH SCIENCES, A.P.,

VIJAYAWADA - 520 008

## **APPLICATION FOR THE POST OF DIRECTOR (RESEARCH & DEVELOPMENT)**

(On deputation basis on usual terms and conditions of foreign service as per G.O.(P) No.10 Finance & Planning (FW.FR-II) Dept., dated 22.01.1993 and its amendments).

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

1.	Name of the applicant					
_ <del></del>	(In Block Letters)					
2.	Father's/Husband's Name					
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3.	Date of Birth (DD/MM/YYYY	')				
J.	and Age	,				
4.	Postal address					
••	l ostar address					
		PIN				
5.	Permanent Address					
		PIN				
6.	Aadhar No.					
7.	E-mail address					
8.	Contact Number Mobile					
	Land	lline				
9.	Nationality					
10.	Sex & Marital Status					
11.	Social Status					
12.	Educational Qualification (In					
E	xam Passed	Board / University	Year of Passing	Division &		
				% of Marks		
13. Technical Qualification(In chronological order)						
		Board / University	Year of Passing	Division &		
				% of Marks		

14. Details of Present Position,

	Departmen	nt, College & Pl	ace							
15.	15. Details of Appointing Authority (DME / Commissioner, AYUSH)									
16.		Present Pay and	-							
	Scale of Pa	У								
17.										
Name of the		Post held		Per	iod	Scale of Pay /	Nature of			
	yer with			From	То	Salary Drawn	duties (Attach			
addres	SS						separate sheets, if required)			
18.	.8. Details of Publications (Attach separate sheets, if required)									
19. Any other information relevant information (not covered above) which the candidate desires to furnish.										
<u>DECLARATION</u>										
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the details in the application form are found false at a later stage, my candidature / appointment may be cancelled / withdrawn.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 :										