

ADIKAVI NANNAYA UNIVERSITY: RAJAMAHENDRAVARAM

MSN CAMPUS, KAKINADA



APPLICATION FORM

Name of the Department applied for.....

1. Basic details:

1	Name of the Applicant(As per SSC)			
2	Father's Name			
3	Date of Birth			
4	Social Category	General/OBC/SC/ST/EWS	PWD YES/NO	
5	Address for Correspondence			
6	e-mail id:			
7	Mobile No:			

2. Educational Qualifications:

Course	Specialization	Institute / University	Year of Passing	Class	Percentage /CGPA
SSC					
Inter/10+2/ Diploma					
UG					
PG					
Ph.D.					
Others(NET/SET etc.)					

3. No. of Publications:

4. Experience: Teaching:Years.....Months

Industry: Years.....Months

5. Whether the candidate completed Ph.D.?

Yes/No (If Yes, Details of the Ph.D. Program)

Date of Registration :

Title of the Thesis :

Name of the Department :

Name of the University :

Note: Self Attested copies of Proof(s) must be enclosed for the above.

I hereby declare that all the information given above is true and correct to the best of my knowledge.

Date:

Signature of the Candidate