

ADIKAVI NANNAYA UNIVERSITY: RAJAMAHENDRAVARAM  
UNIVERSITY COLLEGE OF ARTS AND COMMERCE



Date:23.09.2024

**WALK -IN- INTERVIEW**

Applications are invited from the eligible candidates as per UGC norms, for Teaching Positions (Paper Wise) in University College of Arts and Commerce, purely on temporary basis in the following subjects-semester wise for the Academic Year 2024-25 only.

Eligible interested candidates have to fill the application and attend the walk in interview along with all the original certificates and also with one set of copies on 30-09-2024 at 11:00 AM at the Principal's Office, University College of Arts and Commerce, Adikavi Nannaya University, Rajah Rajah Narendra Nagar, NH-16, Rajamahendravaram –533296.

Paper wise faculty required for the following Departments:

1. M.A. ENGLISH
2. M.A. ECONOMICS
3. M.A. POLITICAL SCIENCE
4. M.B.A. (Spanish Language)

**Note:**

- i. Preference will be given to NET/SET/ Candidates having Teaching Experience in Universities.
- ii. Remuneration will be paid for the selected candidates per subject/paper as per the university norms.
- iii. No TA/DA will be paid to the applicants.
- iv. University reserves the Right to fill or not to fill any of the above posts without giving any reason, whatsoever.

Sd/-  
**Registrar**

**ADIKAVI NANNAYA UNIVERSITY: RAJAMAHENDRAVARAM**



**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