Application Form for Group 'B' Non-Teaching positions Personal Assistant (on Deputation)								
	State whether the application is Original / Advance Copy							
University of Hyderabad			Registration Number (For Office use only) 			Paste your recent passport size photograph here		
•	Non-teaching Recruitment advt. dt. 26.08.2019							
	(1) Name of the post / position applied for:							
Pers	Personal details :							Sl.No. of proof enclosed
(2)	Candidate's full name (including Surname / Family name) (in Capital Letters)							
(3)	Date of birth	Day	M	onth	Year	Age a 30-09-2 dd/m	019:	
(4)	Father's name							
(5)	Nationality							
(6)	Gender (Male / Female)							
(7)	Community (SC/ ST/OBC/PWD/General)							
particu	(8) If the Applicant is physically disabled person, the relevant particulars may please be mentioned :					entage of ability	Sl.No. of proof enclosed	
.,	(a) Blindness or low vision :							
(b) He	(b) Hearing impairment							
	(c) Locomotor disability or cerebral palsy (Includes all cases of Orthopaedically handicapped							

(9). Educational Qualifications (the applicants may attach separate sheet if required)								
	Name of the Course passed / Main subject	Name of the Board / University	Month & Year passed	Class	% of Marks	CGPA (if grading is applicable)	Subjects studied	Sl.No. of proof enclosed
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
SSC / 10 th Class or Equivalent								
Intermediate / equivalent								
Bachelor's degree								
Master's degree								
If any								

10. Experience (Including present position/employment)							
Designation &	University /	Period of Experience			Nature of		
scale of pay	Institution	From date	To date	No. of years / months / days <u>As on 30.09.19</u> (Convert 12 months into 1 year, 30 days into I month)	work/duties being performed	Sl.No. of proof enclosed	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	

11) Present position :								
Present Post	Name of the University / institution	Basic Pay (Rs.)	Pay Scale (Rs.)	Gross Pay /Total Salary p.m. (Rs.)	Increment date Date/Month /Year	Sl.No. of proof enclosed		

12) Names & complete postal addresses of 2 referees :							
	Referee-1		Referee-2				
Email:		Em	ail:				
Phone with STD	Code:	Phone with STD code:					
Mobile Ph:		Mobile Ph:					
13) Candidate	e's Name & Address for corre	spo	ndence :				
	Mailing address		Permanent address				
Name Address with PIN	-						
CODE							
Email:							
Phone No. (with STD code)							
Mobile No.							
(14) Declaration							
I hereby declare that all the entries made by me in this application are true to the best of my							
knowledge and belief. If anything is found false at any stage, my candidature may be cancelled							
without assigning any reason thereof.							
Date :			Signature of the applicant				