

11 E-mail

# Rajiv Gandhi University of Knowledge Technologies (A.P.Government Act 18 of 2008)

## 1st Floor, Vindhya-C4 Building, IIIT, Gachibowli, Hyderabad 500 032, TeleFax: 040-23001830

|               | APPLICATIO                             | ON FOR T | HE POST OF:  |           |                                  |
|---------------|--|----------|--------------|-----------|----------------------------------|
|               | tration No :<br>e office use only)     |          |              |           |                                  |
| Reg           | gistration fee det                     | ails     |              | 7         | Affix your Recent  Passport size |
| DD No         |  | Date :   |              |           | photograph here                  |
| Amou          |  | n '      |              | _         |                                  |
| Name<br>Bank: | 01 0110                                | Branch:  |              |           |                                  |
| 1.            | Applicant's Name<br>(As in the X stand | dard)    |              |           |                                  |
|               |  | P        | PERSONAL DET | ΓAILS     |                                  |
|               | (As in the X stand                     | dard)    |              |           |                                  |
| 2.            | a) Father's / Gu<br>Name               |          |              |           |                                  |
|               | b) Mother's nai                        | ne       |              |           |                                  |
| 3.            | Date of Birth                          |          |              |           |                                  |
| 4.            | Age (as on 24.12.                      | 2010)    | Years        | Months    | Days                             |
| 5.            | Native Place & D                       | istrict  |              |           |                                  |
| 6.            | Nationality                            |          |              |           |                                  |
| 7.            | Gender                                 |          |              | Male / Fe | male                             |
| 8.            | Mailing Address                        |          |              |           |                                  |
| 9.            | Permanent Addr                         | ess      |              |           |                                  |
| 10            | Mohile No                              |          |              |           |                                  |

#### 8. Community: (Put √ mark)

| ОС | ВС |   |   | SC | СТ | PH         |    |    |    |    |
|----|----|---|---|----|----|------------|----|----|----|----|
|    | Α  | В | С | D  | Е  | <b>5</b> C | 31 | VH | HI | ОН |
|    |    |   |   |    |    |            |    |    |    |    |
|    |    |   |   |    |    |            |    |    |    |    |

<sup>(\*</sup> Enclose an attested copy of the Certificate issued by the competent authority)

#### 9. Educational Qualifications: (SSC onwards in chronological order)

| Qualification        | Subject/<br>optional | Name of the<br>University / Board | Year of<br>Passing | Max.<br>Marks | Division | Percentage<br>of Marks |
|----------------------|----------------------|-----------------------------------|--------------------|---------------|----------|------------------------|
| SSC                  |                      |                                   |                    |               |          |                        |
| Intermediate         |                      |                                   |                    |               |          |                        |
| Graduation           |                      |                                   |                    |               |          |                        |
| Post<br>Graduation   |                      |                                   |                    |               |          |                        |
| Diploma              |                      |                                   |                    |               |          |                        |
| ITI /<br>Certificate |                      |                                   |                    |               |          |                        |
| Others               |                      |                                   |                    |               |          |                        |
|                      |                      |                                   |                    |               |          |                        |

| Degree of Post Graduation : |  |
|-----------------------------|--|
|                             |  |
| 10. Specialization. If any: |  |

### 11. Experience Particulars: (In reverse Chronological Order)

| Sl.No | Post Held | Employer | From | То | Scale of<br>Pay |
|-------|-----------|----------|------|----|-----------------|
|       |           |          |      |    |                 |
|       |           |          |      |    |                 |
|       |           |          |      |    |                 |
|       |           |          |      |    |                 |
|       |           |          |      |    |                 |
|       |           |          |      |    |                 |

| 12. Present Position Held:                   |  |
|--|--|
| a) Position held                             | :  |
| b) Name of the Organization                  | <u>:</u>   |
| c) Present salary and Scale of Pay           | ·  |
| 13. Salary desired in case of Retired Emp    | loyee Rs   |
| 14. List of Publications (If applicable, Ple | ease Enclose)  |
| 15. Any other information :                  | <del></del>  |
| 16. List of enclosures:                      |  |
| 1  |  |
| 2  |  |
| 3.   |  |
| 4  |  |
| 5  |  |
| 6.   |  |
| 7  |  |
| 8.   |  |
| 9.   |  |
| 10.  |  |
|  | <del></del>  |
|  |  |
|  |  |
| 17. Declaration                              |  |
|  |  |
|  | , hereby declare that all the entries made by me     |
|  | st of my knowledge and belief. If any information is |
|  | cure may be cancelled without assigning any reason   |
| thereof.                                     |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Data .                                       |  |
| Date :<br>Place :                            | Signature of the applicant                           |
| riace.                                       | Signature of the applicant                           |