



**ADIKAVI NANNAYA UNIVERSITY: RAJAMAHENDRAVARAM
CALLING APPLICATIONS FOR AD-HOC TEACHING POSITIONS**

Applications are invited for Adhoc teaching positions, Assistant Professor (Purely Temporary) in various subjects of the following Departments in the University on consolidated pay in the subjects mentioned below.

Eligible interested candidates may download the application from the University website and submit the application with proof of claims in hardcopy to **The Registrar, Adikavi Nannaya University, Rajamahendravaram – 533296 on or before 30.09.2021**. Subject name and Department should be superscripted on the envelope. Candidates who have applied earlier need not apply.

Subject / Department:

1. B. Pharmacy
2. Management Studies

Note:

1. **Eligibility:** As per UGC/ AICTE/ PCI norms
 - a) For Management Master's Degree with Ph. D/NET/SET.
 - b) For Pharmacy, Master's Degree in Pharmacy, Ph.D. is preferable.
 - c) Preference will be given to the candidates from the premier institutions like IIT, NIT, Central Universities and/or having teaching experience.
2. A consolidated pay as per University norms will be paid.
3. No TA / DA will be paid to the applicants.
4. University reserves the right to fill or not to fill any of the above posts.
5. Eligible candidates will be called for an interview through University website/E Mail.

Date: 23.09.2021

**REGISTRAR
ADIKAVI NANNAYA UNIVERSITY**



ADIKAVI NANNAYA UNIVERSITY: RAJAMAHENDRAVARAM
APPLICATION FORM

Name of the Ad-hoc post 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	PWD : YES / NO
5	Address for Correspondence		
6	e-mail ID:		
7	Mobile No:		

2. Educational Qualifications:

Course	Specialization	Institute	Year of Passing	Class	Percentage / CGPA
SSC					
Inter / 10+2					
UG					
PG					
Ph.D.					
Others					

3. No: of Publications :

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

Industry: ...YearsMonths

5. Whether the candidate completed Ph.D ? Yes / No

(If Yes, Details of the Ph.D Program)

Date of Registration:

Name of the Institute

Name of the Department:

Area of Specialization:

Title of the Thesis:

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