



**POPULATION RESEARCH CENTRE
ANDHRA UNIVERSITY
VISA KHAPATNAM - 530 003.**



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**APPLICATION FORM FOR THE POST
OF LDC/TYPIST (Purely on Contractual Basis)**

1. (i) Full Name
(in BLOCK LETTERS)

(ii) Father/Husband Name

(iii) Mother Name

2. (i) Date of birth
(as per school
record)

DD	MM	YYYY

(ii) Age
(as on last date of
application)

Years	Months	Days

3. Gender

Male	Female

4. Nationality .

5. Caste

6. Marital
Status

Married	Un-married

7. Address for communication

Pin Code :
Mobile No:
Email ID :

8. Academic Qualifications

(Details of academic qualifications to be supported by self attested copies).

<i>Exam Passed</i>	<i>Subjects</i>	<i>Month & Year of passing</i>	<i>Class/ Division</i>	<i>% of Marks / CGPA</i>	<i>Name of the board / University</i>
Matriculation/ SSC/SSLC					
Higher Secondary/ Pre-University					
Bachelor Degree					
Master Degree					
Others (if any, please specify)					

9. Technical Qualifications/Computer Knowledge (if any)

(Please enclose self attested supporting documents).

<i>Sl. No.</i>	<i>Name of the Exam Passed</i>	<i>Month & Year of passing</i>	<i>Class/ Division</i>	<i>% of Marks / CGPA</i>	<i>Name of the board / University</i>

10 Experience/details of past service (if any)

(Proof of self-attested documents can be attached).

<i>Sl. No.</i>	<i>Name of the Post Held</i>	<i>Name of the Institution</i>	<i>Scale of Pay</i>	<i>Length of Service</i>	<i>Nature of Duties</i>

11. Any additional relevant information, the candidate wishes to provide, if any (please attach additional sheet, if required).

DECLARATION

I hereby declare that all information furnished in this application and its other enclosures is true, complete and correct to the best of my knowledge. I understand that the competent authority can take appropriate action against me in case of any of the information is found to be false/incorrect and my appointment is liable to be cancelled/terminated at any state.

Place:

Date:

(Signature of the applicant)