



School of Planning and Architecture: Vijayawada

(An institution of National Importance under the Ministry of Human Resource Development, Govt. of India)
S.No. 4/4, ITI Road, Vijayawada – 520 008, Andhra Pradesh, India

Application No.

(For office use only)

Application for Non-Faculty positions

Please read the instructions before filling the application form.

Advertisement No. _____, Dated: _____ .

Post applied for : S.No [____] _____

Particulars of the fee payment SBI Collect ref. No. & Date: _____

1. Name: (In Block Letters) : _____

2. Father's Name : _____

3. Date of Birth : _____ 2 (a). Age : _____

4. Address for Communication: _____

Pin : _____ STD Code: _____

Phone : _____ Mobile: _____

*Email : _____

(* E-mail is essential to be quoted)

5. Permanent Address: _____

Pin : _____ STD Code: _____

Phone : _____ Mobile: _____

*Email : _____

(* E-mail is essential to be quoted)



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6. Married: Single :

7. Do you belong to SC/ST/OBC/Physically handicapped?
If yes, specify in the box provided (attach Certificate)

8. Nationality :

9. Educational Qualification: (Attach attested copies of certificates)
(starting from highest qualification to Bachelor`s Degree)

S.No.	Examination passed	Name of the University/Board	Division with percentage of marks obtained	Year of passing	Subjects

10. Technical Qualifications: (Attach attested copies of certificates)

S.No.	Examination passed	Name of the University/Board/Institute	Division with percentage of marks obtained	Year of passing	Subjects



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11. Experience ,if any : (Attach a separate sheet, if necessary)
(Starting from present position)

Employer's Name and Address	Designation	Permanent/ Contract	Scale of pay/Basic Pay	Total emoluments	Length of experience		Nature of work
					From	To	

12. Referees: (Attach two reference letters)

(These should be persons resident in India and holders of responsible position, and should be intimately acquainted with applicant's character and work, but must not be relations.)

- | | | | |
|--------------|---------|--------------|---------|
| i) a) Name | : _____ | ii) a) Name | : _____ |
| b) Position | : _____ | b) Position | : _____ |
| c) Address | : _____ | c) Address | : _____ |
| | _____ | | _____ |
| d) E-mail | : _____ | d) E-mail | : _____ |
| e) Phone No. | : _____ | e) Phone No. | : _____ |
| f) Fax | : _____ | f) Fax | : _____ |



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13. (a) Post held, if any, at the time of sending the application with date of appointment (State whether permanent, or temporary) :
(b) Name of Employing Authority :
14. Minimum basic pay in scale of the post applied for expected :
15. Have you been imprisoned by and Court of Law for any criminal or civil act? If so, give details:
16. Are you related to anybody employed in School of Planning and Architecture, Vijayawada presently. YES/NO:
If YES, indicate (i) Name of employee :
(ii) Nature of Relationship:
(i.e. Parent, Child, Sibling, Cousin, Uncle, Aunt, Nephew or Niece of self or of Spouse)
17. Any other information:

APPLICANT'S DECLARATION

- (a) I hereby declare that the information provided in this application form is true to the best of my knowledge and belief. I have satisfied myself that I fulfill all the eligibility requirements.
- (b) I shall submit myself to the disciplinary jurisdiction of the competent authorities of the School who may be vested with the authority to exercise discipline under the Act/Statutes/Ordinances and the Rules applicable to the School.
- (c) I agree that the decision of the School on all matters will be final and binding on me.



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(d) I understand that my association active or passive with any unlawful organizations is forbidden.

Date: _____

Signature of the Applicant

(For candidates working in Government/Statutory Bodies only)

Forwarded with the remarks that the facts stated in the above application have been verified and found to be correct and this Institution/Organization has no objection to the applicant of the applicant being considered for the post applied for. It is certified that no Vigilance/Disciplinary case is pending or contemplated or initiated against the official. The integrity of the official is certified.

Forwarded:

Dated: _____

Name & Signature of the Forwarding Authority

Designation : _____

Address : _____

Telephone : _____

Email ID : _____



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List of Enclosures:

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