

## **IDDHARTHA ACADEMY OF HIGHER EDUCATION** An Institution **DEEMED TO BE UNIVERSITY**

91 866 2582333 866 2582334 866 2584930

(Under Section 3 of UGC Act, 1956)

Kanuru, Vijayawada - 520 007, AP. www.vrsiddhartha.ac.in

## **FORMAT of APPLICATION**

For Project Associate (Research Fellow)

Paste recent passport

	1 of 1 toject 1 issociate (Research	r chow)	size colored
1.	Advertisement No		photograph 
2.	Title of the Project		
3.	Department:		
4.	Name of the applicant (in block letters):		
5.	Father's/Husband's Name:		
6.	Date of Birth (DD-MM-YYYY):		
7.	Postal Address:		
	E-mail:	Phone no.:	
8.	Permanent Address:		
9.	Nationality:		
10.	Marital Status:		
11.	Whether belongs to SC/ST/OBC/PwD/EWS: (If ves	s. attach certificate)	:

12.	Educational	Qualification: (	Starting 1	from Class X)	

Exam. passed	Board/University	Divi sion	% age of marks / CPI	Year of passing	Subjects

13	NET/GATI	Examin	ations	Passed
וו	INC.I/UTA I I	т банни	iai ions	Passed

I. NET II. GATE

Subject	Qualifying date	Valid upto	Subject	Score	Valid upto

## 14. Details of employments:

Sl. No.	Name of the Organization	Name of the post	Period	Scale of pay and present pay	Nature of duty

15. Any other relevant information that you may like to furnish:

## **Declaration**

	I declare that the above information are true and correct to the best of my knowledge and
belief.	
Date:	

Place

Signature of the applicant