



## NIRMALA COLLEGE OF PHARMACY

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 D.No.3/166 A, Puttlampalli (v), Buddayapalli (po), KADAPA - 516002  
 P.No.08562 243715, Fax No. 08562 245141.

### APPLICATION FOR THE POST OF

1. PROFESSOR <input type="checkbox"/>	2. ASSOCIATE PROFESSOR <input type="checkbox"/>	3. ASSISTANT PROFESSOR <input type="checkbox"/>	Recent passport size photograph to be affixed
2. Department and Area of Specialization			
3. Name in Full (Capital Letters)			
4. Father Name			
5. Date of Birth		6. Age :	
7. Male/Female	8. Category: SC/ST/OBC/PWD/General.....		
9. Nationality	10. Marital Status		
11. Religion			
12. Address			
13. Cell. No.		14. E-Mail Address	

15. EDUCATIONAL QUALIFICATIONS (Starting with highest degree obtained):

Sl. No.	Examination/Degree	Name of Board/ College/University	Percentage of Marks/Final Grade	Subject(s)	Year of Passing/ award

16. Whether Ph.D. awarded : Yes / No

If Yes, indicate the year of award.....

17. Title of Ph.D. thesis awarded .....

.....

18. Whether qualified GATE / GPAT / PGECET : Yes / No

(If yes, indicate the year, and attach a photocopy of certificate)

19. Details of Employment Experience:

Sl. No.	Name of the Institute	Post held/ Designation	Period of Employment		Basic salary last drawn, pay scale and Grade Pay	Nature of duties
			From	To		

20. Research Articles/Papers published in Journals /Periodicals /Conference proceedings/Newspapers (Please attach separate sheet, if necessary):

Sl. No.	Title of research article / paper(s)	Name of journal (with city/ country)	Whether Sole Author/ Co-author	Month & year of publication, volume, no.& page nos.

21. Research Projects Undertaken:

Sl. No.	Title/Subject of Research Project(s)	Whether major or minor project	Date of Commencement	Date of Completion	Total Grants / Funding received (Rs.)	Name of Sponsoring / Funding Agency	Whether Outcome / Outputs sent to Sponsoring Govt. Agency	Whether final report published as monograph book

22. Research Guidance: Number of scholars who have been awarded Ph.D. degree under your supervision both as Guide and/or Co-Guide:

Name of Degree	Submitted	Awarded
Ph.D Degree:		

23. **DECLARATION TO BE SIGNED BY THE CANDIDATE**

I hereby declare that the information given by me in the Application is true, complete and correct to the best of my knowledge and belief and that nothing has been concealed or distorted. If at any time, I am found to have concealed/distorted any information or given any false statement, my application/appointment shall liable to be summarily rejected/terminated without notice or compensation.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

(Signature of the Applicant)