Dr. ABDUL HAQ URDU UNIVERSITY, KURNOOL FORM OF PARTICUALRS TO BE SUBMITTED BY THE CANDIDATE

[This Form is to be filled in by the Applicant and make 8 **(EIGHT)** xerox copies of the same and enclose along with the application]

1.	Name of the department applied for [Subject and the Institution]				a) Department :			
				b) S	ubject	:		
				c) Sj	pecialization	:		
				d) Ir	nstitution	:		
2.	Name of the candidate in full with address			:				
3.	Date of Birth and Age			:				
4.	Specify Community:OC/ SC / ST / BC / PH(also specify sub group in case of BC's)							
5.	Qualifications : (Start with highest c	degree)	:					
	Examination passed	Clas	SS I	% of marks	Date & Year	Grad	de	University / Institution
	(i) Ph.D ()							
	(ii) M.Phil. ()							
	(iii) M.A. / M.Sc./ () M.Com / M.Tech. (iv) B.A. / B.Sc/ B.Com () B.Tech.							
5(a)	Details of NET / SLET / SET Exams Passed (enclose certificate)				II		I	
6.	Research and Publications: (a) Publications							
		Published (Specify number)					e Published cify number)	
		Indian				Foreign		Foreign
	1. Research Papers							
	2. Articles							
	3. Books							
	b) Conferences / Seminars etc.,							
				Atten	Attended		resented	Organized
	1. National							

2. International

Name of the Post	Name of the Institution	Period with dates		Total teaching
	where worked	U.G.	P.G.	Experience

7. Teaching Experience (At University level or Degree level)

8. Research Experience (Specify full details)

9	Any other relevant particulars which the applicant wishes to place before the Selection Committee for consideration	
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Station :

Date :

SIGNATURE OF THE CANDIDATE