



JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY HYDERABAD
UNIVERSITY COLLEGE OF PHARMACEUTICAL SCIENCES, SULTANPUR,
PULKAL (MANDAL), SANGAREDDY DISTRICT.

APPLICATION FORM FOR ASSISTANT PROFESSORS (on Contract basis)

Application for the Specialization:

Name: _____

Father's Name : _____

Date of Birth:

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Category _____ Gender: _____ Nationality: _____

Address for Communication:

City : _____ State: _____ Pin Code: _____

Mobile No. _____ Email id: _____

Aadhaar No: _____ PAN No: _____

Affix recent
passport size photo
attested by the
Gazetted Officer

Payment Details:

DD No	Date	Name of the Bank & Branch	Amount

NOTE: DD for Rs.2000/- (Rupees Two thousand only) (Non-refundable) drawn in favour of "The Registrar, JNTUH, Hyderabad" must be closed. The application without DD will not be considered.

Educational Details:

(Please provide the Educational details from 1st to 7th Class)

S.No	Name of the Exam	Name of the School / College	Place	Name of the Board	% of Marks	Class or Division	

(Please provide the Educational details from 8th Class to Highest Qualification)

S.No	Name of the Exam	Name of the School / College	Place	Name of the Board / University	% of Marks	Class or Division	Area of Specialization

Experience Details:

S.No	Name of Organization	Address	Post held	Period		Total Period
				From	To	

The hard copy of filled-in application, attested copies of all certificates, original DD, brief bio-data and other relevant documents should be sent by post to **“The Registrar, Jawaharlal Nehru Technological University Hyderabad, Kukatpally, Hyderabad – 500085, Telangana”** on or before **18.06.2025 by 5.00 PM.** (The softcopy of the same should also be sent to the mail id principaljntuhucps@gmail.com as advance copy).

DECLARATION TO BE SIGNED BY THE APPLICANT

I hereby declare that the information furnished by me in this application is correct. My candidature shall be rejected at any stage, if the information provided in the application found incorrect.

Place:

Date:

Signature of the Applicant