

Estd: 2007

Cell: 9704333789



# Dr.K.V.Subba Reddy Institute of Pharmacy

(Approved by AICTE New Delhi & Affiliated to JNTUA, Anantapur-515002)

Opp.Dupadu Railway Station, N.H-7, Lakshmipuram (Post), **Kurnool-518218**

Phno: 08518-287670

Email: principalkvsrip@gmail.com

Fax: 08518-287618

Website: www.drkvsrip.in

An ISO 9001-2000 Certified Organization

Application for the Post of **PROFESSOR / ASSOCIATE PROFESSOR / ASSISTANT PROFESSOR** in the

Dept. of \_\_\_\_\_

## 1. Personal Information:

Name in Full:					<i>Affix your recent Photograph</i>
Father's Name:					
Mother's Name:					
Date of Birth & Age:					
Nationality: Religion : Reservation Category:					
Address for Communication:					Mob. No:
					Email:

## 2. Educational Qualifications:

S.No	Qualification	Board/University	Year of passing	Percentage (%) /Grade Point
1.	SSC			
2.	Inter/Diploma			
3.	B. Pharmacy/Degree			
4.	M. Pharmacy/PG			
5.	M.Phil/Ph.D			

## 3. Teaching / Industry Experience:

S.No	Organization	Place	Designation	Time Period		Total Experience
				From	To	
1.						
2.						
3.						
4.						

**4. Details of B.Pharmacy/M.Pharmacy Projects:**

Course	Project Name	Description
B.Pharmacy		
M.Pharmacy		

**5. Papers Published:**

S.No	Title of Paper	National/ International	Date of Publication

**6. Seminars/Workshops attended:**

S.No	Name of Seminar/Workshop	Name of the Organization	Date

**7. Any other information the candidate wishes to furnish:**

Date:

Signature