

ADIKAVI NANNAYA UNIVERSITY: RAJAMAHENDRAVARAM

UNIVERSITY COLLEGE OF SCIENCE AND TECHNOLOGY



Date:25.08.2025

WALK-IN-INTERVIEW

Applications are invited from the eligible candidates as per UGC norms, for Teaching Positions (Paper Wise) in the University College of Science and Technology, purely on temporary basis in the following department wise for the Academic Year 2025-26 only.

Eligible interested candidates have to fill the application and attend the walk in interview along with all the original certificates and also with one set of Xerox copies on **03-09-2025 at 10:00 AM** at the office of the Principal, University College of Science and Technology, Adikavi Nannaya University, Rajah Rajah Narendra Nagar, NH-16, Rajamahendravaram –533296.

Department wise paper – wise faculty requirement:

1. Botany
2. Chemistry (Analytical)
3. Psychology
4. Aquaculture
5. Food Science and Technology
6. Geoscience
 - a) Geology
 - b) Geo-informatics
 - c) Geophysics
7. Biotechnology

Note:

1. Preference will be given to NET/SET/ Candidates having Teaching Experience in Universities.
2. Remuneration will be paid for the selected candidates per subject/paper as per the university norms.
3. No TA/DA will be paid to the applicants for attending the interview.
4. University reserves the Right to fill or not to fill any of the above posts without giving any reason, whatsoever.


REGISTRAR 25.8.25

Registrar
Adikavi Nannaya University
RAJAMAHENDRAVARAM-533 296.
E.G.D.L.A.P., India

ADIKAVINANNAYA UNIVERSITY: RAJAMAHENDRAVARAM



APPLICATION FORM

Name of the Department applied for.....

1. Basic details:

1	Name of the Applicant(As per SSC)		
2	Father's Name		
3	Date of Birth		
4	Social Category	General/OBC/SC/ST/EWS	PWD YES/NO
5	Address for Correspondence		
6	e-mail id:		
7	Mobile No:		

2. Educational Qualifications:

Course	Specialization	Institute / University	Year of Passing	Class	Percentage /CGPA
SSC					
Inter/10+2/ Diploma					
UG					
PG					
Ph.D.					
Others(NET/SET etc.)					

3. No. of Publications:

4. Experience: Teaching:Years.....Months

Industry: Years.....Months

5. Whether the candidate completed Ph.D.?

Yes/No (If Yes, Details of the Ph.D. Program)

Date of Registration :

Title of the Thesis :

Name of the Department :

Name of the University :

Note: Self Attested copies of Proof(s) must be enclosed for the above.

I hereby declare that all the information given above is true and correct to the best of my knowledge.

Date:

Signature of the Candidate