



NOTIFICATION

Sub: MANUU- ER-II Section – Applications are invited for promotion under DPC-Notification – Issued.

Ref: Vice-Chancellor's approval dated 22nd October 2014.

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Applications are invited from eligible Non-Teaching staff for consideration by the Departmental Promotion Committee for promotion to the higher grade. Details are as under:

Sl. No	Name of the cadre	Eligibility criteria	Promotion to	Number of vacant positions
1	2	3	4	5
1.	Assistant, Personal Assistant, Computer Operator with Grade pay Rs.4200/-.	Five years length of service as Assistant / Personal Assistant/ Computer Operator in MANUU	Section Officer	Section Officer – 01 (UR)
2.	Lower Division Clerk / Caretaker / Junior Data Entry Operator Pay Band Rs.5200-20200 with Grade pay Rs.1900/-	Five years length of service as LDC, Caretaker / DEO in MANUU	Upper Division Clerk	Upper Division Clerk – 01 (UR)

Eligible candidates may submit their applications in the enclosed format through proper channel to the Establishment & Recruitment Section –II on or before **10th November 2014.**

Registrar

Note: Errors & Omissions are subject to corrections.

To

All the concerned staff at column (2)

Copy to:

1. All the Heads of the Departments /Sections for favour of circulation
2. Concerned file.

Gachibowli, Hyderabad – 500 032, A.P. India

Tel: +91(040) 2300-6601(VC-Office), 2300-6121(Registrar), 2300-6604 (Fax)

EPABX 2300-6612, 13, 14, 15 Website: www.manuu.ac.in



**PROFORMA OF BIO-DATA FOR CONSIDERATION BY THE
DEPARTMENTAL PROMOTION COMMITTEE**

1. Name in full :
- : (In Block Letters)
2. Designation :
3. Working continuously on above :
post
4. Date of Birth :
5. Present pay band & GP :
6. Date of joining service in the :
MANUU
7. Date of confirmation on the present :
post
8. Academic Qualifications :

Sl. No	Examination passed	Year of passing	University/ Board	Division & % of marks
1.				
2.				
3.				
4.				
5.				

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9. Post so far held in MANUU :

Sl. No	Name of Instt/ Deptt./ Office	Position held	From	To	Temporary /probation/permanent
1.					
2.					
3.					
4.					
5.					

10.

- (i) Have you filed or submitted your ACR for last five years to your Reporting Officer.
- (ii) If Yes please mention date of submission or name of Reporting Officer of each one of to 5 years.
- (iii) If no, please give reason for not doing so.

I certify that the information given above is correct and factual to the best of my knowledge.

SIGNATURE:.....

NAME:.....

DEPARTMENT:.....

Date:.....

FORWARDING REMARKS OF THE HEAD OF THE DEPARTMENT CONCERNED.

Date :.....

(Signature of the Head of the Department/ Office)