

SATAVAHANA UNIVERSITY

MALKAPOOR ROAD, KARIMNAGAR, TELANGANA – 505 002

Employment Notification No. 794/2025/SU(Estt.), Dated: 21-10-2025

1. a. Eligibility Criteria for Guest Faculty and Lab Technician at University College of Pharmaceutical Sciences, SU, Karimnagar:

Applications are invited from eligible and qualified candidates for engagement as **Guest Faculty** (On Hourly Basis / Paper wise) to teach **B.Pharm.**, **and M.Pharm Students** in the following disciplines at **Satavahana University** for the Academic Year **2025-26**.

- B.Pharmacy (Pharmaceutical Chemistry, Pharmacology, Pharmaceutics subjects)
- M.Pharmacy (Pharmaceutics, Pharmacology, Pharmaceutical Analysis specializations)

Eligibility:

- (i) For B.Pharmacy course: (As per PCI Guidelines)
 - M.Pharmacy First Division in appropriate specialisation
 - Valid Registration in Telangana State Pharmacy Council
- (ii) For M.Pharmacy Courses: (As per PCI Guidelines)
 - M.Pharmacy First Division in appropriate specialisation with minimum of 5 years of teaching experience, or 3 years of teaching experience after PhD.
 - Valid Registration in Telangana State Pharmacy Council

1. b. Eligibility Criteria for Lab Technicians at University College of Pharmaceutical Sciences, SU, Karimnagar:

- a) D.Pharmacy or above qualification in pharmacy
- b) Valid Registration in Telangana State Pharmacy Council

General Instructions:

- Interested candidates may submit their applications in the prescribed format available on the University website, along with photocopies of relevant certificates and a recent passport-size photograph.
- The remuneration to the Guest Faculty / Lab Technicians shall be paid as per the University approved rates.
- The University reserves the right to Cancel or modify the process without assigning reason
- The appointment shall be made purely on temporary basis and shall be terminated without any prior notice.
- Date of Interview will be communicated to the short-listed candidates.

Date of Interview: 30.10.2025 (Reporting time 9.00A.M.)

Venue: University College of Commerce & Business Management,

Satavahana University,

Malkapoor Road, Chinta Kunta,

Karimnagar - 505 002 Contact: 9392381909

Submit Applications to:

The Registrar, Satavahana University, Malkapur Rd, Chinta Kunta, Karimnagar – 505002, Telangana

> Sd/-REGISTRAR



SATAVAHANA UNIVERSITY MALKAPOOR ROAD, KARIMNAGAR, TELANGANA – 505 002 <u>APPLICATION FORM FOR GUEST FACULTY AND LAB</u> TECHNICIANSFOR THE ACADEMIC YEAR 2025-26

Application Fee Rs.1,000/- (Rupees One Thousand only) for Guest Faculty and Rs. 500/- (Rupees Five Hundred only) for Lab Technicians. Ref. No.794/SU/KNR/2025-26 Date:21.10.2025

Note: A Demand Draft (DD) drawn in favour of "The Registrar Satavahana University, Karimnagar" (or) by the way of Online Transfer/RTGS/NEFT to the A/c 62066642930The Registrar, Satavahana University, State Bank of India, IFSC: SBIN0061453 and the applications should reach by 28-10-2025, addressed to the Registrar, Satavahana University, Karimnagar. Administrative Building, Satavahana University, Karimnagar–505002, the university is not responsible for the postal / courier delay after 28.10.2025, 5.00PM.

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Name of the position applied for:	position Specialisation:				
1. Name (in Block Letters)		:			
2. a. Fathe	er's Name	:			
b. Moth	er's Name	:			
3. Place of	work (Department & College)	:			
4. Date an	d Place of Birth	:			
5. Gender		: Male	/ Female		
6. Marital Status		:			
7. Nationa	lity	:			
8. Category (tick the category)		: OC/SC	C (Group: I/II/III)/ ST /		
		BC (A.I	B.C.D.E)		

9.	9. Address for correspondence (with Pin code) :							
10	. Permanent Add	ress (with Pin cod	de)	:	:			
	Mobile No		La	ındlin	e No			
	Email:							
11	. Academic Quali	ifications (copies o	of certificat	es to l	be enclose	d):		
	Examination	Subject(s)/ Discipline	Name of Board Universi	/	Year of Passing	Percentage of marks obtained	Division / Class / Grade	
	SSC/X th Std.			•				
	Intermediate/ XII th Std.							
	B. Pharm							
	M.Pharm							
	Other examinations, if any							
12		e (s) (copies of cer	rtificates to	be en	closed):		•	
	Degrees	Title		Date and year of award		of U	University	
	Ph.D.				awaru			
	Any other							
13	. Teaching experi	ience:						
	P.G. level		:			Years		
	U.G. level		:			Years		
14		rience excluding y ng M.Phil. / Ph. D				Years		

(b)								
16. Rese	earch Publication (End	close separate she	et, if necessary)					
S.No,	Title	Journal Name	Vol. No,	Year of Publication				
Undertaking: I certify that, the above information provided is correct as per records available and to the best of my knowledge. If any of the above information is found to be incorrect at any point of time, the University may take disciplinary action against me as per University Rules.								
Date:			Sigr	nature of the Candidate				

15. Fields of Specification under the Subject / Discipline:

(a)