



Dr.B.R.AMBEDKAR UNIVERSITY, SRIKAKULAM
ETCHERLA-532 410 (AP), INDIA

Prof. P.Sujatha
Registrar

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No.Dr.BRAU/Estt. Section /2025-26

Dt: 03-09-2025.

CIRCULAR

Sub: Dr.BRAU, SKLM – Announcement of Office Test for Enhancement of Remuneration. – Reg.

Ref: Vice-Chancellor's orders, Dated: 02.09.2025.

As per the directions of the Hon'ble Vice-Chancellor, It is hereby informed to all the Contract, Consolidated and Outsourcing Non-Teaching Employees working in the University that an office test will be conducted to the eligible employees as part of the process for **enhancement of remuneration**. Further the employees who perform successfully in the skill test and meet the required criteria will be considered for a suitable **enhancement in remuneration**. Hence, all the eligible Non-Teaching Employees are encouraged to fill in the willingness and the Registration forms in the enclosed formats and submit the same to the Registrar Peshi by **08.09.2025**.

Eligibility: All the Contract, Consolidated and Outsourcing Non-Teaching Employees those who are having minimum educational qualification.

Syllabus: 1. A.P. University Act 1991.

2. Dr.BRAU, SKLM – Code Volume – 1.

- The detailed syllabus for the upcoming Skill Test has been made available on the University website (**brau.edu.in**) Therefore the employees are requested to visit the official website to review the syllabus and prepare accordingly.

Sujatha
REGISTRAR

Registrar

Dr. B.R. Ambedkar University
Etcherla, Srikakulam - 532 410

Copy to:

All the Principals of the constituent Colleges, Dr.BRAU,Skln.
All the Heads/Course coordinators' of the constituent Colleges, Dr.BRAU,Skln.
The Dean, Academic Affairs, Dr.BRAU, Skln.
The Dean, CDC, Dr.BRAU, Skln.
The Dean, Examinations, Dr.BRAU, Skln.
The Chief Warden Girls & Boys Hostels', Dr.BRAU, Skln.
The Hon'rary Librarian, Dr.BRAU, Skln.
The Special Officer, Dr.BRAU, Skln.
The University Engineer, Dr.BRAU, Skln.
The Media Cell, Dr.BRAU, Skln.
P.A to Rector, Dr.BRAU, Skln.
P.A. to the Vice-Chancellor, Dr.BRAU, Skln.

WILLINGNESS TO ATTEND THE OFFICE TEST

1. Name of the Employee :
2. Employee Id :
3. Date of Birth :
4. Designation:
5. Department:
6. Date of Joining:
7. Educational Qualifications:

Date:

Signature of the Candidate



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Registration Number: (for office use only)

Photo (self-attested)

1. Name of the Employee :
2. Employee Id :
3. Designation:
4. Department:

Signature of the Candidate

Chief Superintendent Signature