

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

Prof. P.Sujatha Registrar Office Tel. No.: 08942-281518 Mobile: 09490475588;8985756921 e-mail:regdrbrau@yahoo.com

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

Dt: 02-09-2025.

CIRCULAR

Sub: Dr.BRAU, SKLM – Announcement of Office Test to the Regular Employees in the University working under various cadres – Reg.

Ref: Vice-Chancellor's orders, Dated:01.09.2025.

As per the directions of the Hon'ble Vice-Chancellor, It is hereby informed to all Regular Employees in the University working under various cadres that an office test will be conducted to the eligible employees as part of the evaluation for **promotion of cadre to next level**. Hence, all the eligible Regular 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 RegularNon-Teaching Employees.

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

2. Dr.BRAU, SKLM - Code Volume - 1.

• The detailed syllabus for the upcoming Office 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.

REGISTRAR Registrar

Br. & R. Amberikar University Wherla, Srikakulam - 532 410

Copy to:

All the Principals of the constituent Colleges, Dr.BRAU,Sklm.

All the Heads/Course coordinators' of the constituent Colleges, Dr.BRAU,Sklm.

The Dean, Academic Affairs, Dr.BRAU, Sklm.

The Dean, Examinations, Dr.BRAU, Sklm.

The Chief Warden Girls & Boys Hostels', Dr.BRAU, Sklm.

The Hon'rary Librarian, Dr.BRAU, Sklm.

The Special Officer, Dr.BRAU, Sklm.

The University Engineer, Dr.BRAU, Sklm.

The Media Cell, Dr.BRAU, Sklm.

P.A to Rector, Dr.BRAU, Sklm.

P.A. to the Vice-Chancellor, Dr.BRAU, Sklm.

P.A. to Registrar, Dr.BRAU, Sklm.

WILLINGNESS TO ATTEND THE OFFICE TEST

1.	Name	of the	e Emp	loyee	:

- 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