MOTHER TERESA WOMEN'S UNIVERSITY, KODAIKANAL (A STATE UNIVERSITY)

| Application for the Post of |
|---|
| Registrar & Controller of Examinations |

| Photograph |
|-------------|
| with |
| Attestation |
| |
| |
| |

| 1. | Full Name (in BLOCK letters) | |
|----|---|-------------------------------|
| 1. | Tun Name (in BLOCK letters) | |
| | | |
| 2. | (a) Age and Date of Birth | |
| | (b) Place of Birth and District | |
| 3. | Sex | |
| 4. | Name of the Father / Husband | |
| 5. | Nationality and Religion | |
| 6. | Community (Certificates must be enclosed for BC/BCM/ MBC/ DNC/ SC/ SCA/ ST) | OC BC BCM MBC DNC SC SCA ST |
| 7. | Address for Communication | Phone / Mobile: e-mail id: |

8. (a) Educational Qualification

| Programme of Study | Name of the Institution / University | Major Subject (s) | Regular or Distance or University System | Month and Year of Passing | Class | % of Marks (exact- 2 decimals) |
|--------------------|--------------------------------------|-------------------------|---|------------------------------------|-------|--------------------------------|
| PG | | | 2 1 2 2 2 2 2 | 1 4454118 | | |
| UG | | | | | | |
| HSC | | | | | | |
| SSLC | | | | | | |
| Others, if any | | | | | | |

| 9. | Any other experience that can be | |
|----|----------------------------------|--|
| | counted along with necessary | |
| | evidence | |

10. Enclosures (in the following order):

- i. First page of SSLC Book/ Transfer Certificate
- ii. HSC Mark Statement
- iii. Degree Certificates starting from Highest Degree
- iv. Mark Statements for PG/ M.Phil., Degree
- v. Community Certificate, if applicable
- vi. Copies of Certificate(s) of Previous Employment, if applicable
- vii. Others

| ۲ | 7 | 1 | 1 | 1 |
|---|---|---|---|---|

I, ------- hereby declare that the information given in this form are true to the best of my knowledge and belief. I also understand that suppression of facts or deliberate furnishing wrong information will entail summary rejection of application and, if detected after appointment is made, lead to disciplinary action or termination of appointment.

| Signature | \sim t / | l nn | liaaant |
|-----------|------------|------|---------|
| | | | |
| | | | |
| | | | |

| Place: | |
|--------|--|
| Date: | |