

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)									
2.	(a) Age and Date of Birth (b) Place of Birth and District	<table border="1"> <tr> <td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								
3.	Sex	<table border="1"> <tr> <td></td> <td></td> </tr> </table>								
4.	Name of the Father / Husband									
5.	Nationality and Religion									
6.	Community (Certificates must be enclosed for BC/BCM/ MBC/ DNC/ SC/ SCA/ ST)	<table border="1"> <tr> <td>OC</td><td>BC</td><td>BCM</td><td>MBC</td><td>DNC</td><td>SC</td><td>SCA</td><td>ST</td> </tr> </table>	OC	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-----						
UG-----						
HSC						
SSLC						
Others, if any						

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

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 of Applicant

Place:

Date: