



BHARATHIDASAN UNIVERSITY, TIURCHIRAPPALLI – 620 024

PROFORMA

PARTICULARS OF CHIEF SUPERINTENDENT

MONTH & YEAR OF EXAMINATIONS :
CENTRE :
CENTER CODE NUMBER :
NAME OF THE CHIEF SUPERINTENDENT :
DESIGNATION :
QUALIFICATION :
TOTAL TEACHING EXPERIENCE :
FULL POSTAL ADDRESS OF INSTITUTION :

PHONE NUMBER WITH S.T.D. CODE (Office) :
FAX NUMBER :
FULL POSTAL ADDRESS OF THE
CHIEF SUPERINTENDENT (Residence) :

MOBILE NUMBER :
E.Mail. ID for emergency communication :
PHONE NUMBER WITH S.T.D. CODE (Residence) :
TOTAL NO. OF CANDIDATES : UG:
(Those who are appearing for the examination) : PG :
SIGNATURE OF THE CHIEF SUPERINTENDENT :

Signature of the Principal
(College Seal & Date)