



BHARATHIDASAN UNIVERSITY, TIRUCHIRAPPALLI – 620 024.

PROFORMA

PARTICULARS OF CHIEF SUPERINTENDENT

MONTH & YEAR OF EXAMINATIONS :
COLLEGE NAME :
CENTER CODE :
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 :
PHONE NUMBER WITH S.T.D. CODE (Residence) :
TOTAL NO. OF CANDIDATES
(Those who are appearing for the examination) UG :
PG :
SIGNATURE OF THE CHIEF SUPERINTENDENT :

Signature of the Principal
(College Seal & Date)