



BHARATHIDASAN UNIVERSITY

TIRUCHIRAPPALLI – 620 024.

OFFICE OF THE CONTROLLER OF EXAMINATIONS

STAFF RETURNS

(FOR APPOINTMENT AS EXAMINERS)

1. NAME :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
2. DESIGNATION :
3. DEPARTMENT :
4. COLLEGE NAME :
5. COLLEGE CODE :
6. QUALIFICATION :
7. Whether qualification approval obtained from University : Yes / No
(Only for Evening / Part-Time / Self Financing Teachers / Guest Faculty)

If yes mention the Ref. Number with Date of approval:

8. DATE OF BIRTH: AGE: SEX : M () / F ()
9. ADDRESS

COLLEGE

RESIDENCE

PIN CODE	
MOBILE	
E-MAIL	

PIN CODE	
MOBILE	
E-MAIL	

10. DATE OF JOINING

YEAR	MONTH	DAY

(11) DATE OF ACTUAL RETIREMENT

YEAR	MONTH	DAY

12. QUALIFICATION DETAILS

SL. NO.	DEGREE	MAJOR	YEAR OF PASSING
1	U.G.		
2	P.G.		
3	M.Phil.		
4	Ph.D.		
5	SLET / NET / SET		
6	Others		

13. TEACHING EXPERIENCE

SL. NO.	DEGREE	FROM			TO			TOTAL EXPERIENCE		
		DAY	MONTH	YEAR	DAY	MONTH	YEAR	YEARS	MONTHS	DAYS
1	U.G.									
2	P.G.									
3	M.Phil.									
4	Ph.D.									
5	Others									

Note: Period of study including FIP to be treated as in service. If the study period involves registration and reappointment, it will be treated as break in service.

14. CHOICE OF VALUATION : UG () / PG () / M.Phil. () [Please (✓) anyone only]
 UG – Tamil (Part – I, Part – III, B.Lit.) UG – English (Part –II, Part – III)
15. IF ANY BREAK OF SERVICE : YES / NO
 If YES, From To
16. CAN YOU VALUE TAMIL MEDIUM PAPERS : YES () / NO ()

DECLARATION

I hereby declare that all statements made in the returns are true, complete and correct to the best of my knowledge and belief and in the event of any of the information being found false or incorrect or any ineligibility being detected before or after valuation, my examinership is liable to be cancelled and action be initiated against me.

I have noted that if my return is found incomplete/defective, the same is liable to be rejected summarily and no correspondence will be entertained in this regard.

DATE:

Signature of the Staff Member

DATE:

Recommended

Signature of the Head of the Dept.

SERVICE CERTIFICATE

This is to certify that Thiru / Thirumathi / Dr.....has been working asin our college whose service details till date are given below.

Sl. No.	COLLEGE & PLACE	DESIGNATION	FROM			TO			TOTAL		
			DAY	MONTH	YEAR	DAY	MONTH	YEAR	YEARS	MONTHS	DAYS
1											
2											
3											
4											
5											
6											
7											

- I certified that the particulars furnished are true.
- Certified further that the University has approved the qualifications of the above teacher.
- The service particulars furnished above has been verified with the Service register of the respective teaching staff.
- Copy of the **Qualification Approval** letter is enclosed.

Date:

College Seal

Signature of the Principal

For Office Use

Remarks:

Staff ID No.:

A.S.O / S.O.

A.R.

Controller of Examinations