

**ghujpahh; gy;fiyf;fHfk;**

**BHARATHIAR UNIVERSITY**

**COIMBATORE – 641 046, TAMILNADU, INDIA**

**| State University | Accredited With A++ Grade - 3.63 CGPA by NAAC |26th Rank among Indian Universities by MoE-NIRF |**

**APPLICATION FOR THE POST OF REGISTRAR**

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| --- |
| Registration Fees Particulars Passport size PhotographCrossed DD for Rs. \_\_\_\_\_\_\_\_\_\_\_/-(DD. No: Date: Name of the Bank:Branch:  |

1. Name (Block letters) :

2. Date of birth and Age as on :

24.08.2024

: Year Month Date

 (Evidence to be furnished

 Separately)

3. Sex : Male/ Female

4. Nationality :

5. Community : OC / BC / BC (M)/MBC / DNC / SC / SC (A)/ ST

 (Please enclose a photocopy)

6. Present post :

 Scale of Pay :

 Gross salary :

7. (a). Educational Qualification : (from first degree)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl.No. | Examination passed(with main subject) | Month & Year | Marks/GradeClass/rank | Institution/University |
|  |  |  |  |  |

 (b) Knowledge in Tamil :

Studied Tamil :SSLC /+ 2/Degree and above / Other Certificates/Diploma

 (c) Training undergone

 (i) Academic :

(ii) Administrative :

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 (d) Information Technology & Managementexpertise gained

 (i) Additional Exam. Passed/Qualificationsobtained if any:

 (ii) Membership in Expert Committees :

 (e) Award/Prizes/Distinctions received (if any)

 (i) For Academic contributions :

 (ii) For administrative contributions :

 (f) Membership or fellowship in Professional bodies :

8. Academic and Research experience (University/College Level):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl.No. | Post held with name ofthe Institution | Temporary/Permanent | Duration | Total no. of years |
| From | To |
|  |  |  |  |  |

9. Administrative Experience (University / College level):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl.No. | Post held with name ofthe Institution indicateTemporary / Permanent | Nature ofAssignment | Duration | Total no. of years |
| From | To |
|  |  |  |  |  |

10. Co-curricular / Extension and Professional development related activities:

10.1 Student related co-curricular activities:

|  |  |  |
| --- | --- | --- |
| Sl.No. | Institution | Period |
| From | To |
|  |  |  |  |

10.2 Contributions to Corporate / University life of the Department / College:

 10.3 Professional Developmental Activities:

11. Research and Academic Contribution:

 11.1 Research Papers :

 11.2 Research Projects :

 11.3 Research Guidance :

 11.4 Training Courses, Conferences and Workshops :

12. Visits abroad: (evidences to be enclosed)

|  |  |  |  |
| --- | --- | --- | --- |
| Sl.No. | Countries Visited | Purpose / Assignment | Duration |
| From | To |
|  |  |  |  |  |

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13. Workshops and Refresher programmes undergone in the area of Educational administration, Curriculum Development, Examination Reforms, e-governance & Office Automation: (evidence to be enclosed)

14. Mention your achievement in your present job (kindly indicate only those which are relevant to the post you applying for):

15. Have you been debarred or punished for adopting unfair means in your service or punished during your service any other charge? or filed any case against the University. If yes, please specify.

16. Are there any disciplinary proceedings initiated or pending against you in your places of services? If yes, please specify.

17. Names of the persons to whom reference can be made:

|  |  |
| --- | --- |
| (1) | (2) |
|  |  |

18. Any other information:

19. Address for communication:

Contact No:

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. NO DISCIPLINARY PROCEEDINGS IS PENDING AGAINST ME AND I UNDERTAKE THE RESPONSIBILITY FOR THE VERACITY OF ALL STATEMENTS MADE IN THIS APPLICATION.

Place:

Date : **SIGNATURE OF THE APPLICANT**

Forwarded with the remarks that this Institution/ Organization has ‘No Objection’ to the candidature being considered for the post applied for and also consent accorded on lien condition to relieve the applicant, if selected.

Place:

Date : **SIGNATURE WITH OFFICE SEAL**

 **Designation/ Address**

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