## MOTHER TERESA WOMEN'S UNIVERSITY KODAIKANAL

## **Application Form for the Post of Controller of Examinations**

(Please read carefully the instructions given in the Advertisement)

1.	Name of Applicant
2.	Date of Birth and Age (as per S.S.L.C)
3.	Nationality and Religion
4.	Category SC/SC(A)/ ST/ BC/ BC(M)/ MBC/DNC/ PwD/ GENERAL
5	Particulars of Persons with Disabilities
6.	Present post held and the scale of pay and allowances drawn (a) Date of appointment to the present post
7.	Address to which communications are to be sent with Mobile Number and email-id

8.	8. Permanent Address								
9.	Academic Qualification	n (Enclose attested	copies star	t fron	n the most rea	ent degree	e up to		
	Matriculation of S.S.L.C)								
University/Institution		Year of Passing	Degree	Major		Class	Marks/		
Location							Grade		
10	Knowledge of Languages			ABILITY TO:					
	1.			Speak					
	2.			Write					
	3.			Both					
11	Prizes, Medals and other honors received								
12	The subject of the thesis for the research degrees								

13	3 Teaching Experience (Start from the present position and go in reverse. You should account for all the years elapsed since you have taken Master's degree)						
The	ne post held Institution		Period	Nature of work		Last pay drawn	
14.	Research Gu	Research Guidance:			pleted	Ongoing	
	M.Phil.:						
	Ph.D.:						
15.	Have you got research schemes / Projects						
	sponsored or supported by any funding agency						
16.	. Research papers in Peer-Reviewed or UGC listed Journals/Scopus / Web of Science /elsevier journals						
	-	aper with Journal's name, cation, Vol.No., Page Nos.,	ISBN/ISSN No.		Impact Factor, if any	Authorship	
	i) Total H-index (if any) ii) Total i-10 index (if any)						
17	Publications (other than research papers)						
	Publication type	Title of the Book Chapter/Book/Conference Proceeding, with year of publication and other publication details	ISBN/ISSN No.		Level International/ National	Authorship	
18.	Details of training / orientation/refresher programmes, Conference / Workshops/ Special courses attended / organized						

19.	Memberships in professional bodies					
20.	Travel of study abroad (State when, where, what for and what did you achieved)					
21	Name and address of not less than two Persons (not related by blood or marriage) to whom confidential reference could be made.					
22.	Name and address of two persons from whom you have enclosed your testimonials. Two are needed of which one should be from the Head of the Institution last attended.					
23.	Any other fact(s) you would like to present for consideration of your employer					
24.	What period of time would you require to join duty in the post if offered					
25.	Any vigilance /Disciplinary /Legal case is pending against you? If yes please furnish the details	YES / NO				
26.	Administrative Experience (Proofs to be submitted)					
27.	Details of fee Submitted	Name of Bank	DD No.	Amount	Date	
28.	Applicants are asked to write down their current and future Unwords. (if required separate sheet may be enclosed).	iversity p	olans ir	about 200	)	

## DECLARATION

I hereby declare that the particulars given in this application are true to the best of my Knowledge and belief, I understand that if any time it is found that any information given in this application is false / in correct my Candidature / appointment will be cancelled.

Signature of the Applicant

Station :

Date :