

**FORM OF APPLICATION TO ACT AS UNIVERSITY REPRESENTATIVE FOR THE ENSUING DISTANCE EDUCATION EXAMINATIONS TO BE HELD IN MAY 2020.**

<b>TOKEN No.</b>					
1.	Name				
2.	Designation & Department				
3.	Residential Address,  <b>Cell No. &amp; Phone No.</b> <b>E mail id.</b>				
4.	Total University Service as on date (In teaching)	<input type="text"/> Years	<input type="text"/> Months		
5.	Languages known (kindly tick)		Read	Write	Speak
		1. Tamil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		2. English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		3. Telugu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		4. Kannada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		5. Hindi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Malayalam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Native State				
7.	Choice of place (Select any three as per the Notice for May 2020 exam.)				
		Centre (Location)		Venue Code No.	
i.					
ii.					
iii.					

**Undertaking**

I .....Assistant Professor / Associate Professor / Professor, Department of..... is willing to serve as University Representative (UR) for the ensuing Distance Education Examinations to be held from 19.05.2020 onwards at any of the centres as the choice given by me (or) the centres allotted by authorities.

SIGNATURE

Recommended and forwarded to the Controller of Examinations with specific remarks about the applicant.

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Head of the Department Signature: .....

Department Seal: