

MAHATMA GANDHI UNIVERSITY
SCHOOL OF DISTANCE EDUCATION

Application Form for posting as Addl.Chief Superintendent for the Off-Campus Examination 2017
(To be forwarded to the Director, SDE)

Name of Institution:

Subject:

1. Name of Teacher (In block letters)	2. Designation (Permanent teachers alone may apply)
3. Qualifications	4. (a) Date of Birth: (b) Age : (c) Sex :
5. Official address	6. Residential/Communication Address
7. (a) Tel.No. (Residence) with STD code (b) Tel. No. (College) with STD code (c) Mobile No.: (d) Fax: (e) E-mail	8. (a) Date of entry into service: (b) Completed years of service at the college level in a permanent capacity as teaching faculty:
9. Date of retirement	10. Whether permanent or temporary
11. Whether appointment is approved by the University or not	12. Languages known
13. Total teaching experience as on 31.01.2016	14. Centres of Examination preferred (List of centres enclosed) 1. 2. 3.

15. Experience outside the state (a) As student: From To (b) As teacher : From To	16. Whether willing to accept the Additional Chief Superintendship of the Off Campus exams of the University, at centres other than preferred in column 14
17. Whether declined the offer of Additional Chief Superintendship/Examinership or debarred at any time previously. If so the reason for the Same	18. No. of times deputed before as Addl.Chief Supdt. for Off Campus Exam. (indicate the Centre and the year deputed).

- N.B: 1.The examination centre if revised by the Syndicate, the decision of the University of such allotment regarding examination centre is final.
2. In the case of transfer of institution or change of address for communication the facts should be intimated to the Controller of Examinations/Director immediately.

DECLARATION

Ido hereby declare that the particulars given above by me are true to the best of my knowledge, information and belief.

I also undertake that I shall execute all the duties entrusted on me by the University to the best of my ability and with utmost honesty and sincerity.

Signature of the teacher with date

CERTIFICATE

Certified that I have no objection in rendering the service of the above mentioned teacher for the conduct of the Off Campus examinations of the University.

Counter Signature of the Head of the Department

Certified that the particulars furnished above by the teacher have been verified by me with relevant records kept in this office and found correct.

Place:

Counter Signature of the Principal

Date:

(Office Seal)

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