Date of Receipt	
Initial of Clerk	



Affix your recent

Passport size

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## THIAGARAJAR COLLEGE OF ENGINEERING (A Govt. Aided, Autonomous Institution Affiliated to Anna University) MADURAI-625 015

1. a) Nam b) Gen	ne in full (in Capital Let der	ters) :				
2. Addre	SS	:				
a) Permar	nent Address:		b) Comr	nunication Addres	ss:	
c) Mobile	no:		d) E-ma	il ID:		
Alternat	te Contact no:					
	s/Husband's / an Name:		f) Alterna	ate E-mail ID:		
Addres	es:					
Phone	no:					
3. Age &	Date of Birth	:				
4. a) Nati	onality	:		b) Religion :		
c) Com	munity	: SC/S	T SC	MBC / DNC	ВС	GT
d) Sub	Caste	:				
5. Educational Qualification (Starting from basic degree) (enclose Marks Sheet)						
Degree	Area of Specialisation	Institute / Univ	ersity	Month & Year of passing	Class	% of Marks / Equivalent
	Specialization			or passing		_quivalorit

-2-

6. Experience (Starting from current Position):							
						<del>-</del>	
Per From	riod To	No. of Years		Designation / Last Pay Drawn Nature of job		Institute /Organisation	
110111	10			rtatare or job			
7. Skills							
7. SKIIIS							
Skill				Certifications Acquired			
8. Com	puter pro	ficiency (Spe	ecify i	n particular) :			
9. References				:1.			
					2.		
10. Testimonials				:			
11. Any other relevant information				:			
12. List of enclosures				:			
	1.						
	2.						
	3.						

## **DECLARATION**

I hereby declare that the information provided in this form are true to the best of my knowledge and belief.

Signature of the Candidate