Date of Receipt	
Initial of Clerk	



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THIAGARAJAR COLLEGE OF ENGINEERING (A Govt. Aided ISO 9001-2000 Certified, Autonomous Institution Affiliated to Anna University)

MADURAI-625 015

Application for Post		
1. a) Name in full (in Capital Letters)) :	
b) Sex	:	
2. Address	:	
a) Permanent Address with Phone N	0.	b) Communication Address with Phone No.
c) Mobile No:		d) E-mail ID: **
e) Father's/Husband's Name:		f) Alternate E-mail ID:
Address:		
**The interview date will be i	ntimated throu	gh E-mail. Please provide the same correctly.
3. Age & Date of Birth		
-	•	1.50
4. a) Nationality	:	b) Religion :
c) Community	: SC/S	T SCA MBC/DNC BC GT
d) Sub Caste	:	

5. Educational Qualification (Starting from basic degree) (enclose Marks Sheet)						
Area of	Institute / University	Month & Year	Class	% of Marks /		
Specialisation		of passing		Equivalent		
	Area of	Area of Institute / University	Area of Institute / University Month & Year	Area of Institute / University Month & Year Class		

6.	Details	of	Pro	ject
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Course	Title of the Project / Thesis	Brief Details		
B. Tech/ M.Sc., /M.Phil., MCA				
Ph.D.,				

7. Experience (Starting from current Position):

a) Industrial /Practice Experience:

Period		No. of Years	Designation /	Last Pay Drawn	Institute /Organisation
From	То		Nature of job		

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\circ	compater knowledge in	actails with the	previous work done	(Specif	,	particular	, .

9. References :1.

2.

10. Any other relevant information :

11. List of enclosures :

- 1.
- 2.
- 3.
- 4.
- 5.

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