GOVERNMENT ARTS COLLEGE (AUTONOMOUS), KUMBAKONAM - 612 001.
Re-accredited with 'A' Grade by NAAC & Affiliated to Bharathidasan University
Ph: 0435-2443811 Web Site: www.gacakmu.in Email: coegackmu@yahoo.com

OFFICE OF THE CONTROLLER OF EXAMINATIONS

STAFF RETURNS
(FOR APPOINTMENT AS EXAMINER)

1. NAME :
2. DESIGNATION :
3. DEPARTMENT :
4. COLLEGE NAME :
5. QUALIFICATION :
6. DATE OF BIRTH : AGE : SEX: **M / F**
7. ADDRESS

INSTITUTION	
PINCODE	
MOBILE	
E-MAIL	

RESIDENCE	
PINCODE	
MOBILE	
E-MAIL	

8. DATE OF JOINING

Year	**Month**	**Day**

9. DATE OF ACTUAL RETIREMENT

Year	**Month**	**Day**

10.TEACHING EXPERIENCE

DEGREEWISE EXPERIENCE	**TOTAL EXPERIENCE**
U.G. / _____ Yrs; **P.G.** /_____Yrs; **M.Phil.** /_____Yrs; **Ph.D**. /_____Yrs	----------Yrs

11. Whether qualification approval obtained from University : **YES / NO.**
(Only for Evening / Part - Time / Self Financing Teachers / Guest Faculty)
If Yes mention the Ref. Number with Date of approval :
12. IF ANY BREAK OF SERVICE : **YES / NO.** If yes, From _____ To _____
13. CHOICE OF VALUATION : **U.G. / P.G. / BOTH**
14. CAN YOU VALUE TAMIL MEDIUM PAPERS : **YES / NO / DOES NOT ARISE**

DECLARATION

I hereby declare that all statements made in the returns are true, complete and correct to the best of my knowledge and belief and in the event of any of the information being found false or incorrect or any ineligibility being detected befor or after valuation, my examinership is liable to be cancelled and action be initiated against me.

I have noted that if my return is found incomplete/defective, the same is liable to be rejected summarily and no correspondence will be entertained in this regard.

DATE : Signature of the Staff Member

Head of the Dept. Signature of the Principal