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**तमिलनाडु केन्द्रीय विश्वविद्यालय**

*(संसद द्वारा पारित अधिनियम 2009के अंतर्गत स्थापित)*

**CENTRAL UNIVERSITY OF TAMIL NADU**

*(Established by an Act of Parliament, 2009)*

नीलक्‍कुड़ी परिसर/Neelakudi Campus,तिरुवारूर/Thiruvarur- 610 005

Email: [establishment@cutn.ac.in](mailto:establishment@cutn.ac.in) / Tel: 04366-277256

**Physical Instructor (On Temporary Engagement)**

**Notification No. CUTN/TE/01/2022 Dated 13-05-2022**

**APPLICATION FORM FOR PHYCIAL INSTRUCTOR (ON TEMPORARY ENGAGEMENT**

*(Please read carefully the instructions given in the eligibility criteria before filling the* format)

Paste a recent Passport Size Photograph

1. Name of the position :
   1. Department(if any) :
2. a) Name in full (in BLOCK letters) :
3. Father’s /Husband’s Name :
4. Whether belonging to : SC ( ) ST ( ) OBC ( ) PWD ( ) EWS( )UR ()

(Please enclose self-attested copy of caste/disability proof certificate issued by the competent authority)

1. Religion :
2. Date of birth (Christian Era) : DD /MM /YYYY
3. Age (in years as on **13-05-2022**) :

3.

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| --- | --- |
| (a) Permanent address (with phone number and e-mail address) **(In block letters)**  Mobile No:  Email Id: | (b) Address for correspondence (with phone number and e-mail address) **(In block letters)** |

1. a) Educational Qualification (commencing with Matriculation). Attach one set of self-attested copies of Certificate(s).

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| --- | --- | --- | --- | --- | --- | --- |
| Sl.  No | Examination passed | University/Board | Year | Class/ Division/ Grade | % of marks | Subject offered |
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1. Details of employment (In chronological order starting from present employment)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Office/ Institution employed | Date of Joining | Date of leaving | Post held | Scale of pay with  Grade pay | Basic pay Rs. | Total Salary  (Gross) Rs. | Job Description\* |
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(Please enclose self-attested copies of certificates/proof in support of employment) (\*Attach separate sheet, if needed)

1. Time required for joining, if selected:

I hereby declare that all the statements made in this application form and enclosures are true to the best of my knowledge and belief.

Place: Signature of the applicant

Date:

Name: