CONFIDENTIAL



UNIVERSITY OF MADRAS

BOTH THE ORIGINAL AND DUPLICATE FORMS SHOULD BE FILLED IN AND RETURNED BEFORE THE STIPULATED TIME MENTIONED IN THE OFFER FORM

I accept the offer of appointment as Examiner (Board) for the Examination to be held in		Ref: Communication No. C&R - II	Dated
and agree to abide by the conditions imposed in connection with the conduct of the examination 1. Name (BLOCK LETTERS) and Designation Thiru Thiru Selvi 2. Academic Qualification with dates (Only Degrees taken at a Cofivocation should be stated) 3. (i) College, Institution, Department where now employed and official address. (ii) Total No. of years UG / PG Experience U.G		I accept the offer of appointment as Examiner	
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