

# BHARATHIYAR UNIVERSITY : COIMBATORE 641 046

## Proforma for Qualification Approval for the post of Principal

Name of the College :

Name of the Principal :

Date of Birth and Age\* :

Date of appointment as Principal\* :

### a. Educational Qualifications\*

Name of the Degree With subject	Class (%of Marks)	Year of Passing	University

\* Attested copies of certificates to be enclosed

### b. Teaching Experience (Collegiate) (Service Certificate should be enclosed)

Name of the Institution	Designation	Period		Total	
		From	to	Years	Months

- Medical Fitness Certificate from Govt. Doctor or not below the rank of Civil Surgeon should be enclosed if the age is above 58.

Station :

Signature of the Principal

Date :

*College Seal*

Signature of the Secretary /  
Correspondent