



**UNIVERSITY OF CALICUT
EG-I**

No. 22398/EG-I-ASST-2/2018/PB

Calicut University.P.O

Dated: 27.02.2019

From

The Controller Of Examinations

To

The Principals of Government/Aided Colleges

Sir/ Madam

Sub:- Appointment of Additional Chief Superintendent for the University Examinations ,2019-reg

Ref:- Orders of the Vice Chancellor dated 23.02.2019 in file of even no

I am to request you to submit the list of teachers who are willing to be deputed as Additional Chief Superintendent for the University Examinations during March, April and May 2019.

The request should be forwarded by the Principal to this office in the prescribed proforma attached on or before Saturday 2nd March 2019.

Please ensure that all teachers are informed of the matter and that willingness of maximum number of teachers is forwarded.

Please consider this as most urgent.

Encl: Proforma

Yours faithfully

Velayudhan Kallepurath

Joint Registrar

(For The Controller Of Examinations)

PROFORMA

APPLICATION FOR APPOINTMENT AS ADDITIONAL CHIEF SUPERINTENDENT FOR UNIVERSITY EXAMINATIONS 2019.

1. Name (in block letters) :
- Designation :
- Department :
- College. :
2. Telephone Number(with STD Code) : Office :
- Residence :
- (Mobile Number) :
- E-mail I D :

3. Service Details

- a) Date of commencement of approved :
teaching service in the affiliated college.
- b) Date of appointment to the present post :
- c) Total Service in affiliated colleges :
- d) Date of retirement :

4. Whether appointed as Additional Chief 1.
Superintendent during the last 2 years.
If so mention the College and the year in 2.
which he/she acted as Additional Chief 3.
Superintendent

5. Whether declined appointment as
Additional Chief Superintendent in
the last year.

6. Name of centres where the teacher 1.
is willing to act as Additional Chief 2.
Superintendent with order of preferences. 3.

7. In case of urgency , are you willing to
take up duty as Additional Chief
Superintendent at centres other than
those mentioned in section 6 above. : Yes/No

Place : Signature of the teacher.

Date : Counter signature by the Principal

N. B . Incomplete application will be rejected.

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