

மனோன் மணியம் சுந்தரனார் பல் கலைக்கழகம் MANONMANIAM SUNDARANAR UNIVERSITY Reaccredited with "A" Grade by NAAC Abishekapatti, Tirunelveli -627 012 Phone:0462-2338632, Fax:0462-2334363 e\_mail: registrar@msuniv.ac.in, Website: www.msuniv.ac.in

Ref No.MSU/R/Estt/Admn/Advt/2023

Applications (in 5 copies) in the prescribed format are invited for the following post:

#### **CONTROLLER OF EXAMINATIONS**

Application form, prescribed qualifications, general instructions and other details are available at the University Website <a href="www.msuniv.ac.in">www.msuniv.ac.in</a>. The filled in application should be sent along with a Demand Draft for Rs.3000/-

Last Date for receipt of filled in application form is 26.09.2023 upto 5.45 pm.

Prof. J. Sacratees REGISTRAR

Date: 27.08.2023



# மனோன்மணியம் சுந்தரனார் பல்கலைக்கழகம் MANONMANIAM SUNDARANAR UNIVERSITY

Reaccredited with "A" Grade by NAAC Abishekapatti, Tirunelveli 627 012

Ref. No. MSU/R/Estt/Admn/Advt/2023

Date: 27.08.2023

Applications (in 5 Copies) are invited in the prescribed format for the following post

Name of the Post: CONTROLLER OF EXAMINATIONS							
Qualification (as per Statute of Manonmaniam Sundaranar University, Tirunelveli)	<ol> <li>An academician not lower in rank than that of a Associate Professor in the University or in the affiliated Colleges with 15 years of teaching experience.</li> <li>Knowledge of Tamil to the extent of carrying official correspondence and drafting reports.</li> <li>Five years of administrative experience is desirable.</li> </ol>						
Age	Should be between 45 Years and 55 Years at the time of sending application. (The age restriction for the above posts shall be reckoned as on 1 <sup>st</sup> July, 2024)						
Term of Appointment	The term of appointment shall be for a period of three years						
Pay Matrix	Level 14 with rationalized entry pay of Rs.1,44,200						

#### General Instructions for the above post:

- 1. The application form and other details can be downloaded from the University website: <a href="https://www.msuniv.ac.in">www.msuniv.ac.in</a>
- 2. The filled in application should be accompanied with a Demand Draft for Rs.3000/- towards the application fee, drawn in favour of the Registrar, Manonmaniam Sundaranar University and payable at Tirunelveli. Money order / Postal order / Cheque/Cash will not be accepted.
- 3. The filled in application (5 copies) along with attested copies of educational qualifications, experience, etc., should be sent to the Registrar, Manonmaniam Sundaranar University, Tirunelveli, Tamil Nadu, India on or before 26.09.2023 upto 5.45 pm. and should be superscribed on the left hand corner of the envelope "Application for the post of "Controller of Examinations".
- **4.** Applicants should be prepared to come for an interview to be held at Abishekapatti, Tirunelveli 627 012 at their own cost.

- 5. Applicants are requested to submit their applications in the prescribed form in five copies, containing full particulars of age, qualifications, service details, community, degree(s) acquired with marks or grade(s), etc. In the application, the number of years of previous teaching experience as Associate Professor at undergraduate and postgraduate level and other academic distinctions, publications (one set to be sent which will not be returned), present occupation, salary certificate (basic pay and other allowances) along with any other certificates / documents substantiating your competency of the above post.
- **6.** Applicants are in service should send their applications through proper channel along with 'No Objection Certificate' obtained from their employer concerned.
- **7.** Applicants who attempt to canvass or bring influence in any manner shall be disqualified.
- **8.** Selected candidates shall be required to join duty immediately and enter into an agreement, with the University in accordance with the laws of the University.
- **9.** The University reserves the right to accept or reject any application.
- **10.** Service rules are as per the Act and Statutes of this University / rules of Government of Tamil Nadu.
- 11. Candidates should invariably fillin the information regarding court cases pending, criminal cases, disciplinary actions etc., in the relevant column of the application form. Any changes in the information furnished after the submission of application form till the completion of recruitment process should be brought to the notice of the University by the candidate, failing which the University reserves the right to cancel the candidature and to debar him/her from all selections.
- **12.** The University reserves all the rights to fill or not to fill up the post without assigning any reason whatsoever.

Last Date for receipt of filled in application form is 26.09.2023 upto 5.45. p.m.

Tirunelveli – 627 012 Prof. J. Sacratees REGISTRAR



# மனோன்மணியம் சுந்தரனார் பல்சுலைச்சுழசும்

## MANONMANIAM SUNDARANAR UNIVERSITY

Reaccredited with "A" Grade by NAAC Abishekapatti, Tirunelveli 627 012

Demand Draft Particulars					
Bank and Branch					
D.D. No. / Date					
Amount					

Affix a recent Passport size Photograph with Signature

### **Application for the Post of Controller of Examinations**

(To be submitted in 5 Copies)

01	Name in full	TAMIL
	(in Block Letters)	ENGLISH
02	Father's Name	
03	Gender	
04	Marital Status	
05	Address for Communication with Pin Code (Phone No and e-mail ID)	
	a) Age and Date of Birth (Christian Era)	
06	b) Place of Birth	
	c) District and State	
07	Nationality & Religion	
08	Name of the Community and Sub-caste and to state whether it is GT/BC/BCM/MBC/DNC/SC/ST/SC(A)	

09	If diffe details	-	oled, give								
10	Profici	ency in L	.anguages (F	'lea	ase underline t	he r	mother tongue	e)			
Lang	guage	Read Only	Speak Onl	ly	Read and Spe	ak	Read, Write and Speak		Examination Passed, if any		
Tami	il										
Engli	ish										
Othe Spec											
11	a) Pa	rticulars o	of Educationa	ıl Q	ualifications						
Programme Of Study Name of the Institution/ University		lajor Subject(s)		Part Time / Yea		onth & ear of assing	Class	% of Marks			
D.SC.											
Ph.D.											
M. Ph	il.										
PG											
ug_											
HSC											
SSLC											
Other	rs, if any										
(b)	Details	of Qualif	fying Level Te	est							
Name of the Qualifying Level Test  Name of t		the Institution	the Institution		ect		Month & Year of passing				
NET	IET										
SLET /	SLET / SET										
	Membe	rship / Fe	llowship title	es ii	n Professional						
12.	2. Societies / Academy like FNA, FRS, FNASC etc (Proof to be enclosed)										

13	13 Title of the Thesis for the Research Degree(s):							
	Degree		Subject					
M.Pł	nil							
Ph. C	).							
Any other higher degree like D.Sc., D.Litt., etc.,								
14	Employment deta	ils						
Name of the University /College / Institution  Designation hele			held	Date of Joining	Date of Leaving	*Salary details pay with (Pay Matrix)		
* Service Certificate with present Salary details to be enclosed								
15	Teaching Exper	ience	i) ii) iii)	Graduate Level  Post Graduate Level  Others (specify)	el	years years years		

16	Research Exper	ience	Total No of Years							
(a)	Research Guida	ince	Ph.D.	Comple	ted		On going			
(b)	(b) Research Projects (details to be enclosed)			Completed On going						
(c)	No. of Research Publications / Books (copies to be enclosed including ISBN / ISSN Nos.)									
Papers presented in National / International Seminars,  (d) Symposia, Conference and Workshops (copies to be enclosed)										
17	Administrative Experience				Yea	rs				
	ce / Institution Organization	Post Held	Period o		Service To	Scal	onthly Pay le & Salary st Drawn	Description of Work Done		
18	Any other expe	rience that can be	counte	d						
19	Participation in or athletic educational car	extra-curricular a activities duri eer	-	orts						
20	Establishment of (Proof to be end	of Departments / [ closed)	Divisions	s/Laborat	ories etc	•,				
•	SI.No. Acti				Institutio	on / Place		Dates		

21.	. Patent / IPR Filed, granted and marketed (proof to be enclosed)							
SI.				_		D	Date & Countries If	
No.	Deta	Details of Inventions			itent No.	r	marketed, details:	
22.	Have you hand be enclosed):	led any Consultan	ncy Activity	/ Project	and / or Indus	try In	teractions (Proof to	
SI. No.	Title of t	the Project Agency /		Duration of Industry consultancy w date			Grants Received	
23.	Have you cond (Proof to be end	-	sion / com	munity/ Li	teracy activiti	es in	quantifiable terms?	
SI. No.	Type of	activity	Period of	I of activity Agency collabor			Outcome	
24	Travel Abroad	D	····	8.0 II- C				
Cou	ntries Visited	Duration of V	ISIT	Month & Year		Purpose of Visit		

25	Prizes, Awards, Special Adany	chievements, if		
26	The period of time require duty, if the post is offered	_		
27.	References (Should be pe applicant's character and	•	•	no are intimately acquainted with the
	Name Desig		nation	Address with E-mail and Phone No.

28. Any court case is made / pending against you (Criminal cases/ Disciplinary actions or equivalent etc.,). Give brief account of the case like nature of compliant, action taken etc.,

#### 29. Enclosures (in the following order):

- i) First page of SSLC Book / Mark statement
- ii) HSC Mark Statement
- iii) Community Certificate, if applicable
- iv) Degree Certificates starting from highest degree
- v) Mark Statements starting from highest degree.
- vi) NET/ SLET/ SET Certificate(s)
- vii) Service Certificate from the present employer
- viii) Copies of certificate(s) for previous employment
- ix) List of Publications / Seminar Presentations / Research Projects / Patents
- x) Copies of Testimonials
- xi) Salary Certificates
- xii) Pension certificate, if being pensioner
- xiii) Supportive documents / certificates for administrative experience claimed (Item 17)
- xiv) Separate No Objection Certificate obtained from the present employer
- xv) Others

### **DECLARATION**

l,	declare that the facts stated above are true to the best of my knowledge
and belief and in the event o	f any defects or mistakes being found out in the above said informations of mine, my
application is liable to be reje	ected.
I do hereby agree th	at disputes of any nature arising out of the consideration of application or matters
connected therewith shall be	redressed by arbitration in accordance with Arbitration and Conciliation Act 1996 as
amended from time to time.	Such arbitration shall be prescribed over by a sole arbitrator to be nominated by the
University. The decision of th	ne arbitrator shall be final and binding on the applicants.
Place:	
Date:	
	Signature of Applicant
REMARKS OF FORWARDING	AUTHORITY:
Place:	
Date :	
	Signature with Seal

### DATA SHEET

# Name of Post Applied For : CONTROLLER OF EXAMINATIONS

01.	Name of the Applicant								
02.	Date of Birth :		Age:	S	Sex: Male / Female				
03.	Community	GT,	BC, BCM,MBC,DNC	,SC,ST,SC(A)					
			Qualific	ation					
	Name of the Degree		Year of Passin	ıg	Percentage of Marks / Class				
04.	PG								
	M.Phil.								
	Ph.D.								
05	NET / SLET/ CSIR								
	Additional Qualification								
	Name of the Degree		Year of Passin	g		Percen	tage of Marks / Class		
06.	D.Sc.								
	Fellowship								
	Titles								
	Awards								
	Teaching / Research exp.	UG_	yrs PG:	yrs	Res. 0	Guidan	ce:		
07.	Guidance (M.Phil /Ph.D.)			M.Phil: Ph.D.					
	Experience	Acad	demic:	years	Administration years				
08.	Post Doctoral Research Experience	Nati	onal :	years	Interi	nationa	ıl years		
09.	Publications:	Re	gional Journals/ Books Nos.	National Bo	l Journa ooks Nos.		International Journal/books Nos.		
10.	Organization of Depts/Conference:					1			
10.	Labs / Depts Nos.					Conference Nos.			
	Conference, Seminar, Works	nop p	articipated:						
11.	Regional Nos. National Nos.					Int	ernational Nos.		

12.	Research Project conducted and Fund generated in Rs.							
13.	Patents granted Nos.	Consultancies handled Nos.						
14.	Present Position							
15.	Pay / Pay Matrix							
16.	Address to which communication is to be sent with Phone No. and E.mail ID:							
ı	declare that the details given above are correct	and I stand responsible for their validity.						
Date:		Signature of the Applicant						
Note:	This coding sheet should be filled in by the appl	icant and submit along with application without fail.						
	For Off	ice use only						
	Verified Comments, if any							
	Asst./Superintendent	Assistant Registrar						