Form	1						
Office	rs/Staff Name:						
Designation:							
Section:						Photo	
Maduı	rai Kamaraj Unive	ersity, M	adurai				
Date o	of Joining	:			_		
Date of Birth		:	:				
Marital Status		: S	: Single Married Transgender				
E-mail			:				
Contact Mobile No.		:A	:Aadhaar No.				
Qualifications		:	:				
Technical Qualifications		ns :					
Work	ing Experience:						
Immed	liate Previous Tw	o Emplo	yers:				
S.No	Name of the		Entering		Leaving	Years of	
1	organizatio	on	Designation		Designation	Experience	
2							
	t Employment (letted years) Positions		two positions	s, if any	y, and current po	osition and Experience in	
1 dividis		TICTIONS I			110110032	(As on 31-12-2018)	
Designation							
Experience (Years.)							
	icant achieveme						
S.No.	Areas of Achievement			Contributions/Recognitions			
1	Further Qualifications Done						
2	Computer/ICT Skills						
3	Literary/Music/Dance Skills Evtended Work Days in a year						
5	Extended Work Days in a year Any Other (Pl. write)						
5	Any Other (FL write)						