

E-mail: uscpc@tanuvas.org.in

REGISTRATION FORM

		Please Note:					
		Attested	copy of Educational Qu	ualifications, Com	munity and Date of Birth to		
be in		be includ	luded positively. The information is to assist you.				
Please ta			ike care in providing all details				
Please pr			rovide mobile number and email ID (in use) clearly				
1	Name (in Capita	als)					
2	Aadhaar No.						
3	Name of Mother						
4	Name of Father						
5	Date of Birth						
6	Community						
7	Sex						
8	Mobile Number						
9	Alternate Mobile No.						
10	Mail Id						
11	Alternate Mail Id						
12	12 Permanent address						
13	Address for						
	Correspondenc	e					
14	Education	nal	Year of	OGPA	Institution		
	qualificati	ons	Graduation				
	BVSc. & AH/B.T	Cech FT/					
	B.Tech DT/ B.T	ech PT					
				1			

	MVSc/M.Tech/ M.Phil.					
	(with Specialization)					
	Ph.D					
	(with Specialization)					
	Diploma					
	Others					
15	Specialized					
	Trainings, if any					
16	Professional					
	experiences					
17	Publications					
	(for PGs)					
18	Languages known					
19	Membership in					
	professional bodies					
	(for PGs)					
20	Any other information					
21	Signature		Dat	e		

Please return by Post or in Person to the Address Below:

The Coordinator University Students Counselling and Placement Cell Madras Veterinary College Campus Chennai - 600 007 E-mail: uscpc@tanuvas.org.in

Note: Filled up registration forms along with necessary enclosures can be scanned and sent to the email ID uscpc@tanuvas.or.in