

DIRECTORATE OF TECHNICAL EDUCATION, CHENNAI 600 025
(Government Technical Examination in Commerce Subjects)
Appointment of Examiners / Application Form
(for Approved Commerce Institutes only)

colour p.p.

Examiner Number :
(Office use only)

01. Name (in call capital letters) :
02. Proprietor / Instructor :
03. Date of Birth & Age :
04. Sex : Male / Female
05. Institution's Name & Address :
(with PIN Code Number)
1. Approval No. :
2. Phone No. :
3. Mobile No. :
4. e-mail ID :
06. Residential Address :
07. General Qualification :
08. Technical Qualification :
Typewriting :
(Self-attested xerox copies
should be enclosed)
09. Experience in Teaching :

-: 2 :-

10. Willingness to work in any one :
Valuation Centres in Tamil Nadu:
11. Number of times attended as :
Examiners in Valuation Centre
12. Number of times acted as :
Chief Examiner in Valuation Centre

CERTIFICATE

Certified that the above particulars furnished by me are true and correct. I shall abide by the rules and regulations and instruction of the Chairman, Board of Examinations, Directorate of Technical Education, Chennai 600 025, whenever I am assigned the Valuation Work.

Place:
Date :

Signature of the Examiner.