

ON THE LETTER HEAD OF COLLEGE / SCHOOL

To
The Controller of Examinations
Dravidian University
Kuppam

Sub : Acceptance to conduct the Examination of the University from _____ to _____

Dear Sir,

As per your request to conduct the examination of the University from _____ to _____ in our college/school. We are pleased to offer our college/school as examination centre of the University as per terms and conditions stipulated by the University. We assure you for the fair conduct of the examination without any favour or prejudice towards anyone.

We are giving you the brief details of our infrastructure:

Name of the College/School : _____

Address : _____

Name of the Principal : _____

Phone No. with STD Code : _____

Total covered area : _____

No. of Class Rooms : _____

No. of rooms allotting for examination : _____

No. of Invigilator to be kept for examination : _____

Whether provision for safe drinking water is there or not : Yes/No

Whether provision for separate urinal/toilets for Boys or Girls : Yes/No

Whether infrastructure is sufficient for smooth conduct of examination : Yes/No

Assuring for the best support for conduct of free and fare examination of our college/school.

Thanking you,

Yours Truly,

PRINCIPAL
(Signature of Principal with seal of College/School)

DRAVIDIAN UNIVERSITY : : KUPPAM

UNDER TAKING TO WORK AS EXAM CENTRE CHIEF SUPERINTENDENT

I the undersigned whose details furnished here below, ready to accept the responsibility and duties to work as Exam Centre Superintendent for Dravidian University, July, 2009 Examination. I pledge herby that, I will abide by all the norms, rules, regulations laid down by the University for conducting smooth and fair Examinations.

PERSONAL DETAILS

Name (In Capital Letters) : _____

Designation : _____

College Address / Office
Address : _____

Name of affiliating University : _____

If retired/currently not in service year of
retirement : _____

Address of organization from where retired : _____

Residential Address : _____

_____ Pin Code : _____

Tel. No. with STD Code (Office) : _____ Tel. No. (Res) : _____

Mobile No. _____ Fax No. _____ E-Mail _____

Prior experience of working in Examination as : _____

Name of Institution : _____

Years : _____

Can you go out side your own city (Yes/No) _____

Place :

Date :

PRINCIPAL
(Signature of Principal with seal of College/School)

Affix
Photograph