



तमिलनाडु केन्द्रीय विश्वविद्यालय

(संसद द्वारा पारित अधिनियम 2009 के अंतर्गत स्थापित)

CENTRAL UNIVERSITY OF TAMIL NADU

(Established by an Act of Parliament, 2009)

नीलक्कुडी/Neelakudi, तिरुवारूर/Thiruvavur- 610 005

Email: recruitment@cutn.ac.in / Tel: 04366-277256

Advertisement No. CUTN/TE/04/2026 Dated 25.09.2026

**APPLICATION FORM FOR TEMPORARY ENGAGEMENT FOR THE POSITIONS
CONSULTANT (CIVIL) AND TECHNICAL ASSISTANT (HVAC)**

(Please read carefully the instructions given in the eligibility criteria before filling the format)

1. Name of the position :

a) Department(if any) :

2. a) Name in full (in BLOCK letters) :

b) Father's /Husband's Name :

c) Whether belonging to : SC () ST () OBC () PWD () EWS () UR ()

(Please enclose self-attested copy of caste/disability proof certificate issued by the competent authority, if applicable)

d) Religion :

e) Date of birth : DD /MM /YYYY

f) Age (in years as on **10-10-2026**) :

3.

Paste a recent
Passport Size
Photograph

(a) Permanent address (with phone number and e-mail address) **(In block letters)**

Mobile No:

Email Id:

(b) Address for correspondence (with phone number and e-mail address) **(In block letters)**

4. a) Educational Qualification (commencing with 10th Standard).
Attach one set of self-attested copies of Certificate(s).

Sl. No	Degree/Diploma	University/Board	Year of Passing	Class/ Division/ Grade/% of Marks

5. Details of employment (In chronological order starting from present employment)

Office/ Institution employed	Date of Joining	Date of leaving	Post held	Salary	Job Description*

(Please enclose self-attested copies of certificates/proof in support of employment)

(*Attach separate sheet, if needed)

6. Time required for joining, if selected:

I hereby declare that all the statements made in this application form and enclosures are true to the best of my knowledge and belief.

Place:

Signature of the applicant

Date:

Name: