

TEACHING EXPERIENCE CERTIFICATE
(Separate Form should be used for each Institution)



Sl.No :

- Name of the Candidate : **KANNAN E**
- Post held : **Assistant Professor of Computer Science**
- Name of the University with Full Address and Email ID : **Manonmaniam Sundaranam University, Abihegapatki, Tirunelveli - 627 012**
- Type of Institution (University, Deemed University, Others, etc.) : **University**
- Details of Teaching Experience : **Academic Year wise**

Sl. No	Academic Year		Subject Taught	Whether (UG/PG Level)	No. of Periods per Week	Period of Service			
	From	To				Date		Period	
						From	To	Month	Days
1.	2017	2018	Computer Science	UG	18	28.06.17	25.06.18	11	68
2.	2018	2019	Computer Science	UG	18	08.06.18	31.05.19	11	23
3.	2019	2020	Computer Science	UG	18	06.06.19	14.10.19	04	08
4.									
5.									

Certified that the above particulars are verified against records maintained in the University/ Institution / College and are found correct. Also certify that a copy of the certificate issued along with records is maintained by this office for future reference.

Place : **Tirunelveli**

Date : **23.10.19**

Head of the Department / Dean

Name : **Dr. P. Ravi**

(Office Seal)

Countersignature MSU COLLEGE/ CONSTITUENT COLLEGES

Thoroughly verified the above particulars with the ~~appointment order~~ **Staff approval order / Attendance / Acquittance / ECS Statements and other relevant records** and found to be correct. I also certify that before countersigning this experience certificate I am satisfied with the genuineness of the records relating to the candidate. A copy of the same is maintained in this office for future reference.

Ref. No: **Vice Chancellor order dated 10.09.19**

Place : **Tirunelveli**

Date : **23.10.2019**

Registrar

Name : **MANONMANIAM SUNDARANAM UNIVERSITY**

TIRUNELVELI 627 012

For Instructions P.T.O

