

ANNEXURE - III

EXPERIENCE CERTIFICATE

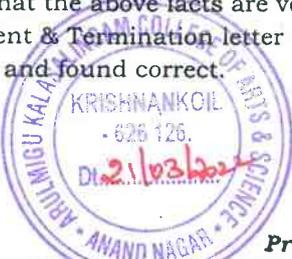


Name of the Candidate		M. GOWSALYA			
Name and address of the Institution in which employed		Arulmigu Kalasalingam college of Arts and science, Krishnan koil - 626 KRISHNANKOIL			
Type of Institution		Govt. / Aided / Self-Financing Colleges / State University / Deemed University			
Date of appointment as		FULL TIME	PART TIME		
(a) Lecturer		04/07/2019 to 19/03/2021			
(b) Assistant Professor					
Subjects taught		PHYSICS			
S.No	Subjects taught	No. of periods per week	Total period of service		
			Date		Period*
			From	To	Y M D
1	PHYSICS	16	04/07/2019	19/03/2021	01 02 15
TOTAL		16	04/07/2019	19/03/2021	01 02 15

\* Y- Year, M- Month, D-Days

Certified that the above facts are verified with Pay acquaintance / Staff attendance register / Appointment & Termination letter and other relevant records available on behalf of the above individual and found correct.

Place:  
Date:  
Seal:



Signature:  
Name:  
Designation:

Signature: *Arulmigu Kalasalingam*  
Name: ARULMIGU KALASALINGAM  
Designation: PRINCIPAL  
COLLEGE OF ARTS & SCIENCE  
ANAND NAGAR

Principal (Issuing authority)

(In case of Govt./ Aided / Self Finance Colleges / State University / Deemed University)  
Counter Signature

Ref. No. 3108/B3/2022 of RSDCE	Signature: .	
Place: MADURAI	Name: JOINT DIRECTOR OF COLLEGIATE EDUCATION	
Date: 24.03.2022	Designation: MADURAI REGION,	
Seal:		
Director, DOTE (In case of Govt/Aided/ Self-finance Polytechnic/Engineering Colleges)	Registrar (In case of State/ Deemed Universities)	Regional Joint Director of Collegiate Education (In case of Govt/Aided/Self-finance Arts & Science Collges).

