



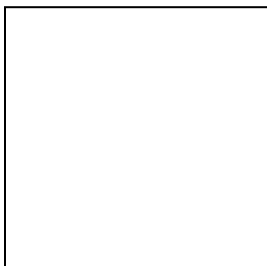
**T A M I L N A D U
VETERINARY AND ANIMAL SCIENCES
U N I V E R S I T Y**

UNIVERSITY STUDENT COUNSELLING AND PLACEMENT CELL
(Beyond Livelihoods Redefining Human Resources)

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Registration Form



Please Note:

Proof of Educational Qualifications, Community and Date of Birth to be included positively. The information is to assist You.

Please take care in providing all details

1	Name (in Capitals)											
2	Name of Mother											
3	Name of Father											
4	Date of Birth	5	Sex	M	F	6	Community	ST	SC	MBC	OC	Others
7	Permanent Address											
8	Address for correspondence											
9	Telephone	Residence:			Handphone:			E mail:				
10	Educational Qualifications	Year of Graduation			OGPA			Institution				
	BVSc/BFSc/B.Tech											
	MVSc/MFSc/M.Phil (with specialization)											
	Ph.D											
	Diploma											
	Others											

11	Specialised Trainings, if any						
12	Professional Experiences						
13	Publications						
14	Languages Known						
15	Career Options Preferred	Academic	Research	Farms	Clinical	NGO's	Not specific
16	Membership in Professional Bodies						
16	Any other information						
17	Signature					Date:	

Dr.L.Gunaseelan, MVSc.,PG Dip.Ag.J.,Ph.D.,
Professor and Head
University Students Counselling
and Placement Cell
Madras Veterinary College
Chennai 600 007