

APPLICATION FOR PROFESSOR A. THURAIRAJAH GOLD MEDAL

01. Full Name:-.....

(IN BLOCK LETTER)

02. Registration No:-.....

03. Academic (a) Degree Obtained:-..... (b) Class:-.....

04. Sports: (University Level)

Colours:.....

Captainship.....

.....

Representative:.....

.....

.....

.....

Records:

.....

Inter University Champion:.....

.....

Sports (National Level)

National Level Participation:

.....

05. Other Activities

(a) University Students' Union:

(b) Faculty Student's Union:

(c) Other Student Societies:

(d) Faculty Board Representative :

(e) Lead Role on Cultural Programme/Debates/Drama/Literature :.....

.....

.....

.....

.....

.....

.....

.....

.....

(f) Participants in Conferences, Seminars at National/International Level:

.....
.....
.....
.....
.....
.....

Date:

.....
Signature of Applicant

I certify that Mr/Miss.....
.....
.....

Date:

.....
Director
Physical Education Unit

I certify that Mr/Miss.....
.....
.....

Date:

.....
President
Ag.SU/ASU/MSU/SSU/MS&CSU

I certify that Mr/Miss.....
.....
.....

Date:

.....
President
University Students Union

Note: Copies of the Testimonials should be attached along with applications