



பாரதியார் பல்கலைக்கழகம்

BHARATHIAR UNIVERSITY

COIMBATORE - 641 046, TAMILNADU, INDIA

| State University | Accredited With A⁺⁺ Grade - 3.63 CGPA by NAAC | 15th Rank among Indian Universities by MoE-NIRF |

WALK - IN – INTERVIEW

Notification No. E9/363/2023, date: 31.07.2023

The eligible candidates for the post of Internal Auditor (Full Time) on Consolidated pay are required with the following qualifications.

Category	: Internal Auditor
Age	: upto 70 years
Qualification	: Not below the cadre of Assistant Director (Retired), Local Fund Audit
No.of Position	: 1
Salary	: Rs.50,000/- Per month

Interested candidates can attend Walk-in Interview on **16.08.2023** and to bring all the relevant original certificates along with two sets of attested copies, two sets of filled in Identification-Cum-Personal Information Sheet at the time of interview.

Registration time: 9.30 a.m. to 11.00 a.m. Venue: Thanthai Periyar Auditorium

Interview time: 11.30 a.m. Venue: Syndicate Hall

Instructions for Candidates:

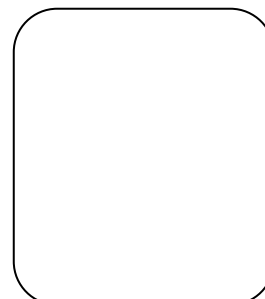
1. The University reserves the right to fill up or not to fill up the post without assigning any reason.
2. Registration of the application will be closed by 11.00 a.m
3. The TA/DA or any other allowances will not be paid.
4. The above post is purely temporary.
5. The Identification-Cum-Personal Information Sheet can be downloaded from the University website **www.b-u.ac.in**.

BHARATHIAR UNIVERSITY - COIMBATORE 46.

IDENTIFICATION – CUM - PERSONAL INFORMATION SHEET

Applied for the Post of INTERNAL AUDITOR

1. Name of the Candidate :
2. Date of Birth & Age :
3. Date of Retirement :
4. Gender : Male / Female
5. Department (Last worked) :
6. Community : OC / BC / MBC/DNC / SC / ST / SC(A)



Permanent Residential Address	Address For Communication

7. Phone / Mobile No. :
8. Educational Qualifications :

Educational Qualification from X Std [SSLC] onwards.

Qualification	Register Number	Year of passing	Mark / Class	Board / University	Mode of Study Regular /Distance/ OUS

9. **Previous Experience if any:**

a. Work Experience

Sl. No.	Name of the Organization / Department	Period		Total Service
		From	To	
1.				
2.				
3.				
4.				

b. Special Features:-

The above information submitted by me is true and correct to the best of my knowledge.

Date:

SIGNATURE OF THE APPLICANT

FOR OFFICE USE ONLY

ORIGINAL CERTIFICATES SUBMITTED BY THE CANDIDATE AT THE TIME OF INTERVIEW ARE VERIFIED.

A.S.O.

S.O.

D.R.