



**பாரதியார் பல்கலைக்கழகம்**  
**BHARATHIAR UNIVERSITY**  
**COIMBATORE - 641 046, TAMILNADU, INDIA**

State University | Re-Accredited with "A" Grade by NAAC | Ranked 14<sup>th</sup> among Indian Universities by MHRD-NIRF

**WALK - IN - INTERVIEW**

**Notification No.E9/21504/2019 dt : 05.11.2019**

The eligible candidates for the following posts on Consolidated Pay basis are required for University swimming pool.

S.No.	Category	Qualification	No. of Positions	Consolidated Pay
1	<b>Life Guard</b>	Life Saving Course / B.P.Ed.	1	Rs.12,000/-
2	<b>Training Assistant</b>			
	Male	Certificate Course in Swimming / B.P.Ed.	1	Rs.10,000/-
	Female		1	Rs.10,000/-

Interested candidates can attend Walk-in Interview **on 20.11.2019** and to bring all the relevant original certificates along with a set of attested copies, two recent passport size photos and filled in Identification-Cum-Information Sheet at the time of interview.

**Registration time : 10.00 a.m. to 12.00 noon    Interview time : 10.30 a.m.**

**Venue : Syndicate Hall**

**Instruction for Candidates.**

1. The University reserves the right to fill up or not to fill up the posts without assigning any reason.
2. The application registration will be stopped at 12.00 noon.
3. The TA/DA or any other allowances will not be paid.
4. The above posts are purely temporary.
5. The Identification-Cum-Information Sheet can be downloaded from the University website **www.b-u.ac.in**

**REGISTRAR. ic**

**BHARATHIAR UNIVERSITY - COIMBATORE 46.**

**IDENTIFICATION – CUM - PERSONAL INFORMATION SHEET**

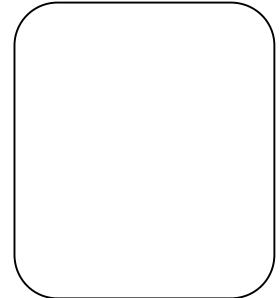
**Applied for the Post of \_\_\_\_\_**

1) Name of the Candidate :

2) Date of Birth & Age :

3) Gender :

4) Community :



5)

Permanent Residential Address	Address For Communication

6) Phone / Mobile No. :

7) 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

8) Previous Experience if any (Swimming Pool Related) :

Sl. No.	Name of the Institutions	Post held	Total Service	
			Year	Months

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.