



**UNIVERSITY OF CALICUT
EG-II**

No. 176459/EG-II-ASST-1/2022/PB

Calicut University.P.O

Dated: 15.01.2023

From

The Controller Of Examinations

To

The Principals of all Affiliated
Colleges/Training Colleges/CUTECS/
Arabic Colleges/CCSITs/CAS/HODs of
University Departments/Co-ordinators of Centres -
University of Calicut.

Sir/Madam

Sub:- Conduct of University Examinations for the year 2023- appointment of Chief Supdt - reg:-

Ref:- U.O.No. 1178/2019/PB Dated 10.10.2019

I am to inform you that your College/Centre/Department will be a centre for the University Examinations to be held from **January 2023 to December 2023**. The Principals of Colleges/HODs of University Departments are usually appointed as Chief Superintendents for the conduct of University Examinations at the respective centres.

As per the reference cited above, in all Self Financing Colleges, the Principal will be the Chief Superintendent. Hence the Principals of all Self Financing Colleges are requested to comply with the above said orders strictly. I am therefore to request you to intimate your willingness to act as Chief Superintendent and also to furnish the details called for in the proforma enclosed with a covering letter.

Please forward your willingnes to the office of the undersigned on or before 25-01-2023 without fail.

Yours faithfully

Dr.Godwin Samraj D.P.
Controller Of Examinations

PROFORMA-2023

1.	Name and Address of the College/Centre/Departments with District, Pin Code ,Telephone Number and Email ID			
2.	Name of the Principal/Head of the College /Centre/Departments			
3.	Name of the Chief Superintendent for the year 2023. (In all Self Financing Colleges Principal will be the Chief Superintendent.)			
4.	If not willing (In case of Govt. /Aided Colleges only),name of the senior most member of the teaching staff to be appointed as Chief Superintendent (Designation,Department and Residence Telephone Number,Mobile number and Email ID)			
5.	Address to which communications are to be sent to the Chief Superintendent during Vacation.			
6.	Actual Seating Capacity of the college for conducting the examinations.			
7.	Telephone No.with STD Code	Office	Resi.	Mob.No.
a.	Principal			
b.	Chief Superintendent			

Place:

Date :

Signature of the Head of the Institution
With office Seal