

ESTABLISHED 1946

1. Name of the person: Dr. K. PRASAD  
 2. Date of birth: 06-07-1959  
 3. Sex: M  
 4. Marital Status: Married  
 5. Education: Ph.D.  
 6. Occupation: Professor  
 7. Address: 1/10, Gandhi Nagar, Madurai  
 8. Telephone: 2512345  
 9. Signature: [Signature]  
 10. Date: 10/10/2023

Title	First Name	Middle Name	Surname
<u>Dr.</u>	<u>K.</u>	<u>PRASAD</u>	<u>MATHI</u>

11. Date of Birth: 06-07-1959  
 12. Place of Birth: Madurai  
 13. Religion: Hindu  
 14. Caste: Dravida  
 15. Community: Madurai

16. Present Address: 1/10, Gandhi Nagar, Madurai  
 17. Permanent Address: 1/10, Gandhi Nagar, Madurai  
 18. State: U.P.

19. Educational Qualifications: Ph.D.  
 20. Date of Qualification: 2015  
 21. Institution: University of Madurai

22. Occupation: Professor  
 23. Date of Occupation: 2015  
 24. Institution: University of Madurai

25. Signature: [Signature]  
 26. Date: 10/10/2023



Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Present Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 1970  
 BASIC SCIENCE & CHEMISTRY CO. REG. H/108, JAWAHAR NAGAR, BANGALORE  
 Experience: \_\_\_\_\_  
 Designation: \_\_\_\_\_ Present Position: \_\_\_\_\_  
 Major: \_\_\_\_\_ Department: \_\_\_\_\_  
 Present Institution: \_\_\_\_\_  
 Present Date of Joining: \_\_\_\_\_  
 Present Date of Leaving: \_\_\_\_\_  
 Present Date of Retirement: \_\_\_\_\_

Note: Refer to the instructions on page 1 of the application form for details regarding the submission of this form.

**Training**  
 Training Year: \_\_\_\_\_ Training Year 2: \_\_\_\_\_ Training Subject: \_\_\_\_\_  
 Sponsor: \_\_\_\_\_ Name of Training: \_\_\_\_\_ Duration: \_\_\_\_\_ Basis: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ (in weeks)  Curried  Not Curried  
 12-04-2012 12-04-2012 2 (two) days

**Awards/Publications**  
 Type of Award: \_\_\_\_\_ Academic: \_\_\_\_\_ Non Academic: \_\_\_\_\_  
 Name of Award: \_\_\_\_\_ Activity Subject: \_\_\_\_\_  
 Year: \_\_\_\_\_ Period: \_\_\_\_\_

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief.  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Place: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_