



THE TAMIL NADU Dr. AMBEDKAR LAW UNIVERSITY

[State University Established by Act. No.43 of 1997]
"Poompozhi", 5, Dr. D.G.S. Dinakaran Salai, Chennai - 600 028.
Telephone Nos.2464 1212 & 2464 1919; Fax: 24617996



Prof.(Dr) Gowri Ramesh, M.L., Ph.D. (Law)

No.5860/Regr/Estt/B1/2025
Dt.28.02.2025

NOTIFICATION

The Applications were invited from qualified candidates having M.C.A. / B.E. [Computer Science] / M.Sc. [Computer Applications] Degree Courses with the Programme knowledge preferable for appointment to the post of 'TECHNICAL ASSISTANT' on Consolidated pay of Rs.25,000/- [Rupees Twenty Five Thousand Only] per month.

The candidates are instructed to submit the Applications in the prescribed format available in the University website along with the attested copies of certificates to 'The Registrar, The Tamil Nadu Dr. Ambedkar Law University, "Poompozhi", No.5, Dr. D.G.S. Dinakaran Salai, R.A. Puram, Chennai - 600 028, on or before 28.02.2025

Now, the date for submission of filled in applications in the prescribed format to be downloaded in the University website along with necessary photocopies is extended upto 05.03.2025.

The decision to fill or not to fill the post rests with the University.

REGISTRAR

7. Main subject in Bachelor's Degree :
8. Main subject in Post Graduate Degree:
9. If selected, are you willing to join within a week time: Yes/No
10. Previous Technical Experience (In Years):
11. Name of the firms previously worked:
12. Nationality

INDIAN	<input type="text"/>
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OTHERS	<input type="text"/>
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13. Whether Native/ Resident of Chennai:

YES	<input type="text"/>
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NO	<input type="text"/>
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14. Religion:

HINDU	<input type="text"/>
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MUSLIM	<input type="text"/>
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CHRISTIAN	<input type="text"/>
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OTHERS	<input type="text"/>
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15. Community / Category:

GENERAL	<input type="text"/>
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16. Address for communication:

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DECLARATION

I have carefully read the instructions contained in the prospectus. I hereby declare that the information furnished above by me is true and correct to the best of my knowledge and belief I understand that my application is liable to be rejected if any information given above is found to be false.

DATE:
PLACE:

SIGNATURE OF THE APPLICANT