

PI
18/9/18



BHARATHIDASAN UNIVERSITY
TIRUCHIRAPPALLI - 620 024.

Dr.G.GOPINATH
REGISTRAR

Phone : 2407071, 2407092
Fax : 0431-2407045

Ref.No. 10518/D5/2018, Date: 14 .09.2018:

To

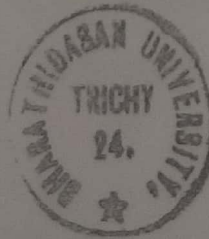
The Principal,
Nehru Memorial College, (Autonomous), Puthanampatti,
Tiruchirappalli - 621 007.

Sir,

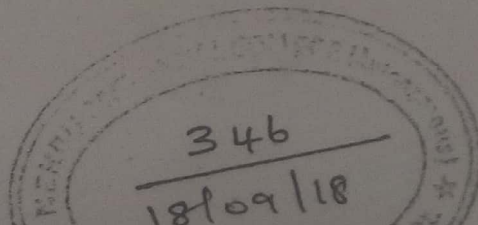
Sub: Recognition – Grant of recognition for Ph.D.Programme in
Botany (Full Time and Part Time) - regarding.

Ref: 1. Your application dated 21.05.2018.
2. Report of the Inspection Commission dated 28.07.2018.
3. Orders of the Vice-Chancellor dated 20.08.2018.
4. This office letter dated 28.08.2018
5. Your letter dated 07.09.2018.

I am, by direction, to inform you that in consideration of the reports of the Inspection Commission appointed by the University to your College in connection with your application first cited, it has been decided to grant Recognition to the Department of Botany of your College to conduct Ph.d. in Botany (Full Time and Part Time) Programme from the academic year 2018-2019, subject to the provision of the M.Phil.Regulations of the University and also subject to the implementation of the recommendations of the Inspection Commission.



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In communicating the above, I am to request you to kindly forward to this Office within a week an undertaking to the effect (a) that the Management of the College will implement each and every one of the recommendations of the Inspection Commission and (b) that the Management of the College will not collect capitation fee in any form the students seeking admission in the College (as required in the Clause (V) of the Chapter XIV of Bharathidasan University Statutes).

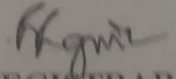
A Copy of the report of the Inspection Commission is forwarded for your reference and necessary action.

CONDITIONS OF RECOGNITION:

A Review Committee (preferably with the same members) shall be sent by the University in between November 2018 and January 2019 to review the fulfillment of the conditions prescribed by Commission while recommending for grant of recognition for the above Course for the year 2018-2019.

The receipt of this communication may kindly be acknowledged by return of post.

Yours faithfully,


REGISTRAR

Encl.: Copy of the report of the Inspection Commission



Copy to:

1. The Controller of Examinations, Bharathidasan University, Tiruchirappalli - 24.
2. The Director, Council for College and Curriculum Development, Bharathidasan University, Tiruchirappalli - 24.