



தமிழ்நாடு ஆசிரியர் கல்வியியல் பல்கலைக்கழகம்

TAMILNADU TEACHERS EDUCATION UNIVERSITY

(Established under Tamil Nadu Act 33 of 2008)

Lady Willingdon College Campus, Kamarajar Salai, Chennai - 600 005.

Phone: 044 - 28447304 Fax: 044 - 28447303 Website: www.tnteu.in

No.TNTEU/R/Meeting-Secy/SF.Coll./2009/1309

Date: 30.11.2009

**Dr. A. R. VEERAMANI,**

M.A. (Econ), M.A. (Pol.Sci.), B.L., M.Phil., Ph.D.

REGISTRAR

To

The Chairman/Secretaries of all Self-Financing Colleges  
Affiliated to the Tamil Nadu Teachers Education University

Sir/Madam,

**Sub:** Meeting of all Chairman/Secretaries – Convened on 09.12.2009  
at 2.30p.m. – Requesting your participation – Reg.

Greetings from Tamil Nadu Teachers Education University!

The Tamil Nadu Teachers Education University proposes to convene a meeting of Chairman/Secretaries of all Self-Financing Colleges to apprise them of the Academic, Administrative Matters and Institution of Endowment for Award of Prizes and Medals to the Candidates. The meeting is also intended to request the Managements to render necessary co-operation and timely action for the smooth functioning of the University administration.

The meeting will be held on **Wednesday, the 9<sup>th</sup> December 2009 at 2.30 p.m.** in the auditorium, CSI Bishop Newbigin College of Education, No.109, Dr.Radhakrishnan Road, Mylapore, Chennai-600 004 (**Landmark – Dr.Radhakrishnan Road, Opposite to Hotel Savera and New Woodlands**).

I am by direction to request your active participation in the above meeting. I will be thankful if you could kindly confirm your participation by return of post./Fax 28447303

For easy convenience the enclosed proforma may be duly filled in and returned to this office positively by 5<sup>th</sup> December 2009. I request your kind co-operation in this regard.

Yours faithfully,

  
REGISTRAR



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1. Name and Address of the College :

2. College Code :

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3. Name of the Trust :

4. Name of the Chairman/Secretary  
(please(√) mark) :

5. Contact Phone Nos. :

Mobile :

Landline (with STD Code) :

(A). I hereby confirm that I will participate in the meeting

(OR)

(B). I am deputing the following person to participate in the meeting on my behalf.

Name of the Person :

Position/Designation :

Phone No. (with STD Code) :

Signature

To

The Registrar,  
Tamil Nadu Teachers Education University,  
Lady Willingdon College Campus,  
Kamarajar Salai, Chennai-600 005.