



FATIMA MATA NATIONAL COLLEGE
AUTONOMOUS



Dr. Vijindas

PERSONAL MEMORANDA

1. NAME IN FULL (BLOCK LETTERS) : DR. VIJINDAS

2. FATHER'S OR MOTHER'S NAME :

3. PERMANENT ADDRESS : CHARIVUVILA PUTHEN VEEDU, KOLLAKONAM,
KURUTHAMCODE PO, THIRUVANANTHAPURAM - 695572

4. NAME OF HUSBAND/WIFE :

5. NATIONALITY : INDIAN

6. RELIGION :

7. CASTE :

8. COMMUNITY :

9. WHETHER A MEMBER OF

a) SCHEDULED CASTE (IF YES, SPECIFY CASTE) :

b) SCHEDULED TRIBE (IF YES, SPECIFY TRIBE) :

c) BACKWARD COMMUNITY (IF YES, SPECIFY COMMUNITY) :

10. DATE OF BIRTH :

24-Apr-87

11. EDUCATIONAL QUALIFICATION :

SI No	Examination Passed	University	Year of Passing
1			

12. WORK EXPERIENCE :

SI No	Designation	Name of Institution	Period (in months)	Remarks
1				

13. PARTICULARS OF SERVICE:

Academic Year	Date of Joining	Date of Relieving	Counter Signed
2016-2017	8/22/2016	3/31/2017	
2017-2018	6/1/2017	3/31/2018	
2018-2019	8/13/2018	3/29/2019	



Signature & Designation of the Head :

PRINCIPAL
Fatima Mata National College
Kollam



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