



UNIVERSITY OF MADRAS  
DEPARTMENT OF GENETICS  
SCHOOL OF BASIC MEDICAL SCIENCES  
Taramani Campus, Chennai-600 113



Dr.A.K.MUNIRAJAN  
Professor & Head

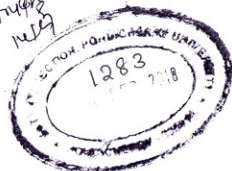
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No.Guest Lecturer/Appointment/Genetics/2018/056

Dated: 05-09-2018

To

*50/12/26*  
*14/9/18*  
*12 09 9729 18*  
*1283*  
*12 09 18*  
The Registrar,  
Pondicherry University,  
Kalpet, Pondicherry - 605 014.



Sir/Madam,

Sub: Notification for the appointment of Guest Lecturer (Full Time) – Reg.  
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I am enclosing herewith a copy of the notification for the appointment of Guest Lecturer (Full-Time) in the Department of Genetics, University of Madras, Taramani Campus, Chennai-600 113, for your kind perusal. I request that the same may be displayed in your Institution / Department Notice Board.

Thanking you,

Yours faithfully,

*A.K. Munirajan*  
HEAD OF THE DEPARTMENT

Encl: as above.

PROFESSOR & HEAD  
Department of Genetics  
PG Institute of Basic Medical Sciences  
University of Madras  
Taramani, Chennai-600 113

*Dr. (ELECT)*

