

**ANNEXURE I****DEPARTMENT CODES**

FACULTY / DEPARTMENTS	Dept. CODE
<b>FACULTY OF ARTS - A</b>	
English	AENG
History	AHIS
Political Science & Public Administration	APOL
Economics	AECO
Commerce	ACOM
Sociology	ASOC
Population Studies	APOP
Business Administration	ABUS
Library and Information Science	ALIS
Rural Development	ARUR
Philosophy	APHI

<b>FACULTY OF SCIENCE – S</b>	
Mathematics	SMAT
Statistics	SSTA
Physics	SPHY
Chemistry	SCHE
Biochemistry & Biotechnology	SBIO
Botany	SBOT
Zoology	SZOO
Earth Sciences	SEAR
Microbiology	SMIC
Computer & Information Science	SCIS
Sports Sciences	SSPO

<b>FACULTY OF Marine Sciences - C</b>	
CAS Marine Biology	<b>CMAB</b>

<b>FACULTY OF INDIAN LANGUAGES - L</b>	
Tamil	LTAM
Hindi	LHIN
Advanced Studies - Linguistics	LLIN

<b>FACULTY OF ENGINEERING &amp; TECHNOLOGY - E</b>	
Chemical Engineering	ECHE
Civil Engineering	ECIV
Civil & Structural Engineering	ESTR
Computer Science & Engineering	ECSE
Electrical Engineering	EEEE
Electronics & Communication Engineering	EECE
Electronics & Instrumentation Engineering	EEIE
Information Technology	EINT
Mechanical Engineering	EMEC
Manufacturing Engineering	EMAN
Pharmacy	EPHA
Skill Development	ECSD
English Section	EENS
Mathematics Section	EMAS
Physics Section	EPHS
Chemistry Section	ECHS

<b>FACULTY OF EDUCATION - U</b>	
Education	UEDU
Psychology	UPSY
Physical Education	UPED
Lifelong Learning	ULIL
Yoga Studies	UCYS

<b>FACULTY OF FINE ARTS - F</b>	
Music	FMUS

<b>FACULTY OF MEDICINE - M</b>	
RMMCH	<b>MGEN</b>
Anatomy	<b>MOMY</b>
Physiology	<b>MPHY</b>
Biochemistry	<b>MBIO</b>
Pharmacology	<b>MPHA</b>
Pathology	<b>MPAT</b>
Microbiology	<b>MMIC</b>
Forensic Medicine	<b>MFOM</b>
Community Medicine	<b>MCOM</b>
Medicine	<b>MMED</b>
Surgery	<b>MSUR</b>
Cardiology	<b>MCAR</b>
Obstetrics & Gynecology	<b>MOBG</b>
Pediatrics	<b>MPED</b>
TB & Chest Disease	<b>MTBC</b>
Dermatology, Venereal & Leprosy	<b>MDVL</b>
Orthopedics	<b>MORT</b>
Emergency Medicine	<b>MEMM</b>
ENT	<b>MENT</b>
Ophthalmology	<b>MOPH</b>
Psychiatry	<b>MPSY</b>

Radiology	<b>MRAD</b>
Physical Medicine & Rehabilitation / Physiotherapy	<b>MPMR</b>
Anaesthesiology	<b>MANA</b>
Neuro Surgery	<b>MNES</b>
Urology	<b>MURO</b>
Plastic Surgery	<b>MPLS</b>
Nursing	<b>MNUR</b>

<b>FACULTY OF AGRICULTURE - G</b>	
Agriculture Departments	GGEN
Agronomy	GAGR
Soil Science and Agricultural Chemistry	GSSC
Genetics and Plant Breeding	GGPB
Microbiology	GMIC
Plant Pathology	GPAT
Entomology	GENT
Agricultural Economics	GECO
Horticulture	GHOR
Animal Husbandry	GAHS
Agricultural Extension	GEXT

<b>FACULTY OF DENTISTRY - D</b>	
RMDCH	DGEN
Periodontics	DPER
Orthodontics	DORT
Oral Pathology & Microbiology	DOPM
Pedodontics	DPED
Oral Medicine & Radiology	DOMR
Oral & Maxillofacial Surgery	DOMS
Public Health Dentistry	DPHD
Prosthodontics	DPRO
Conservative Dentistry & Endodontics	DEND

**ANNEXURE - II**

**REGISTRATION FORM**  
**VALUE ADDED COURSE**  
**ANNAMALAI UNIVERSITY**



Name of the Student :

Register Number :  
(Given in the ID-Card)

Name of the Programme :

Year of the Study :  
(First year, Second year etc.,)Semester :  
(ODD/EVEN)

Choice of the Value Added Course :

Department and Faculty offering :  
the VAC opted**Signature of the Student****Note:**

*The form has to be filled up by the student and handed over to the Head of the Department within Seven days after the opening of the semester. Option once exercised cannot be changed after forwarding the list to the respective Deans*

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*Office Use Only*

Professor and Head  
Department ofDean  
Faculty of

## ANNEXURE – III



# ANNAMALAI UNIVERSITY

## CERTIFICATE OF MERRIT

*This Certificate is awarded to*

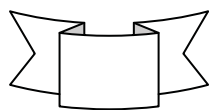
*Name (Reg. No. \_\_\_\_\_)*

*Of \_\_\_ year, | M.A. /M.Sc. in <Programme  
for successfully completing the Value  
Added Course on \_\_\_\_\_*

*Conducted by the Department of \_\_\_\_\_,*

*Faculty of \_\_\_\_\_ during < Month and Year > \_\_\_\_.*

*He/She has secured \_\_\_\_\_ Grade*



Controller of Examinations

**ANNEXURE IV****DETAILS OF COMPLETION OF VALUE ADDED COURSE**

Name of the Department & Division :

Name of the Value Added course offered :

Name of the Faculty offered the course :

Name of the co-ordinator :

E- mail :

Contact :

Details of students attended the course:

<b>S.No</b>	<b>Name of the student</b>	<b>Reg.No.</b>	<b>Programme</b>	<b>Semester</b>	<b>Marks</b>	<b>Grade</b>

**Signature of the Course Teacher**

**ANNEXURE-V****ANNAMALAI UNIVERSITY****FACULTY OF** \_\_\_\_\_**DEPARTMENT OF** \_\_\_\_\_**SWAYAM – MOOC COURSES****Application for Credit Transfer**

Name of the student :

University Enrollment No.:

University Register No. :

Programme :

Semester :

Title of MOOC Course :

Course Duration (in weeks) and No. of Credits:

Marks Obtained out of 100:

Credit Transfer in-lieu of :

(Name of Elective Course offered by the dept. with course code)

Mobile No. used for SWAYAM:

Email ID used for SWAYAM:

Certified that I have not studied any departmental course with similar/overlapping contents or with similar title

Signature of the student with date

**Counter-signed with date****SWAYAM MENTOR****HEAD OF THE DEPARTMENT**

Mobile No.:



**ANNEXURE-VI**



**ANNAMALAI UNIVERSITY**

**FACULTY OF \_\_\_\_\_**

**DEPARTMENT OF \_\_\_\_\_**

**List of students Enrolled/registered for SWAYAM – MOOC COURSES  
during \_\_\_\_\_**

S.No	Enrol No.	Reg. No	Name of the student	Programme	Semester	Title of MOOC Course	Whether NPTEL/UGC	Course Duration (in weeks)	Whether registered for exam (Yes/No)

**SWAYAM MENTOR**

**HEAD OF THE DEPARTMENT**

**ANNEXURE-VII****ANNAMALAI UNIVERSITY****FACULTY OF \_\_\_\_\_****DEPARTMENT OF \_\_\_\_\_****SWAYAM – MOOC COURSES OPTED**

S.No.	Name of the Course	Whether NPTEL/UGC	No. of students enrolled	No. of students registered for Exam
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**CONSOLIDATED REPORT FOR \_\_\_\_\_ SEMESTER OF ACADEMIC YEAR \_\_\_\_\_ - \_\_\_\_\_**

Total Number of courses:

Total Number of Students enrolled:

Total Number of Students Registered for exams:

**SWAYAM MENTOR****HEAD OF THE DEPARTMENT**