



**BHARATHIDASAN UNIVERSITY**  
TIRUCHIRAPPALLI – 620 024

*[Handwritten signature]*  
1.10.19.

**Dr. G. GOPINATH**  
REGISTRAR

Phone : 2407071, 2407092  
Fax : 0431-2407045

**Ref. No.09844/D2 /2019 Date: 28.09.2019**

To

The Principal,

✓ Aiman College of Arts and Science for Women,  
Tiruchirappalli – 620 021.

Sir/ Madam,

Sub: Affiliation – Grant of Permanent Affiliation to **M.A., English (Day)** programme from the academic year 2019-2020 - order issued - reg.

- Ref: 1. Your application dated: 29.04.2019  
2. Report of the Inspection Commission dated: 03.06.2019  
3. Vice-Chancellor's order dated: 13.06.2019  
4. Syndicate Resolutions No. 2019.114 dated: 26.08.2019

I am, by direction, to inform you that in consideration of the reports of the Inspection conducted by the Commission at your College in connection with your application for grant of permanent affiliation viz. **M.A., English (Day)** course, it has been decided that permanent affiliation for **M.A., English (Day)** course, with an intake of **25 (Twenty Five)** students be granted to your College from the academic year **2019 – 2020** [for which provisional affiliation was granted during the year **2003 - 2004** with an intake **25 (Twenty Five)** students],, subject to the clause 32 of chapter XII of the University statutes and also subject to condition that no course should be suspended / revival without prior permission of the University.

**SPECIFIC CONDITIONS :**

- Recurring Provision of funds recommended for every year for the purpose of books: Rs.25,000/-

...2/-

Further it is informed that a Review Committee shall be sent by the University in between the months of December and February after the completion of 3 years from the date of grant of permanent affiliation to review the fulfillment of the conditions stipulated while granting permanent affiliation for the above course.

The receipt of this communication together with its enclosures may kindly be acknowledged by return of post.



Yours faithfully,

*H. G. M. A.*

REGISTRAR

Encl.: Copy of the report of the Inspection Commission

Copy to :

01. The Controller of Examinations, Bharathidasan University,  
Tiruchirappalli – 620 024.

02. The Director, Council for College and Curriculum Development,  
Bharathidasan University, Tiruchirappalli – 620 024.