



FACULTY DEVELOPMENT CENTRE

Pandit Madan Mohan Malaviya National Mission on Teachers and Teaching (PMMMNTT)

Application Form for One Week Interdisciplinary Capacity Building Programme

for Faculty in University / College / Institute

Photo

Please read the Instructions before filling in this form:

- This form must be filled in completely and no column should be left blank.
- This form must be forwarded through proper channel.
- Certificate of completion of course will be given to those participants who attend the course for the full duration, covering all the modules.
- Only those teachers who are selected for a particular course will be informed about the programme.
- The teachers may apply on our office E-mail : fdckuk2018@gmail.com

1	Name of the Applicant : Dr./Mr./Ms./Mrs (BLOCK Letters)
	Designation :
	Organization / Institute :
	Name of the Affiliating University:
	Date of Joining the Organization/ Institution:
	Total Experience (YY/MM) : a) Teaching b) Research
	Nature of Appointment (Please Tick) : (i) Permanent (ii) Adhoc (iii) Temporary (iv) Part-Time (v) Contract (vi) any other
	Type of College/University/Institution (Please Tick): (i) Govt. (ii) Govt. Aided (iii) Self-Financed (iv) Autonomous (v) University Dept. (vi) Any Other
	Date of Birth ((DD/MM/YYYY)) : Sex : Male () Female ()
	Category : Gen./BC/OBC/SC/ST Physically Challenged : Yes OR No
	Official Address with Pin code
	Phone : Email :
	Personal address for Communication ;
	Mobile No. Email :
	Subject : Designation:
	Have you already attended any Shot Term Course at Kurukshetra University, Kurukshetra or at any other place? If yes, give details:-
	Would you require accommodation facilities during the programme: (YES/NO)

DECLARATION/UNDERTAKING

I hereby declare that all information furnished in this application form is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete or incorrect, my application/admission is liable to be rejected/cancelled. I undertake to abide by the rules/guidelines of the Faculty Development Centre, Kurukshetra University, Kurukshetra and to commit solely to the programme during the full duration.

Place

Date

(Signature of the Applicant)

Recommendation of the forwarding authority:-

Certified that the applicant Mr./Mrs./Ms./Dr. _____ is a Faculty, in the Department of _____ in _____ (name of the university/college/institution). His /Her application is hereby forwarded for participation in the One Week Capacity Building Programme to be organized by the Faculty Development Centre, K.U. Kurukshetra.

I hereby certify that: Please Tick (✓) whichever is applicable

- (i) Our College/University is included in the list of institutions under Sec.2 (f) of the UGC Act;
- (ii) Our College comes in the purview of the Section 12 (B) of the UGC Act.
- (iii) Our College does not come in the purview of the Section 12 (B) of the UGC Act, but has been affiliated to the University of for at least 2 years;
- (iv) The application of the above named teacher is forwarded with the recommendation that when selected, he/she will be relieved in time to participate in the above course and will be treated on Duty.

Signature of Principal/Head of Institution

Date..... (With rubber stamp)

For office Use

Date of Receipt

Selection

Remarks , If any

Signature