Application Form

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UGC-HUMAN RESOURCE DEVELOPMENT CENTRE
KURUKSHETRA UNIVERSITY KURUKSHETRA
(Established by the State Legislature Act XII of 1956)
("A+" Grade, NAAC Accredited)
PROFORMA OF PERSONAL PARTICULARS OF THE TEACHER-PARTICIPANT

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Please read the Instructions before filling in this form:

(a) This form must be filled in completely and no column should be left blank.

(b) Incomplete form will NOT be considered.

(c) This form must be forwarded through proper channel.

(d) Strike out which is not applicable.

(e) Only those teachers who are selected for a particular course will be informed about the programme.

(f) Every teacher is required to present a seminar paper during the course.

(g) Certificates of completion of course will be given to those participants who attend the course for the full duration i.e. 144 contact hours i.e. 6 hours daily for 4-week programme and a minimum of 108 contact hours for a 3-week programme.

(h) TA/DA will be paid to the participants as per UGC rules.

(i) Every participant shall pay an admission fee (non- refundable) of Rs.1000/- at the time of admission to the course in the shape of Bank Draft in favour of Registrar, K.U. Kurukshetra.

(j) The teachers may apply on our office E-mail : ugcasc_kuk@yahoo.co.in

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COURSES TO BE ATTENDED: (i) ORIENTATION COURSE (Common for teachers in all subjects)

Commencing From _____ To _____

OR

(ii) REFRESHER COURSE IN SUBJECT OF…………………………..

Commencing From _____ To _____

OR

(iii) SHORT-TERM COURSE

1. Name: Dr//Mr/Miss/Mrs:……………………………………………

2. College/Department Address:……………………….…………

……………………………………………………….…………

Affix Passport Size Photograph

3. Name of the Affiliating University:………………………………

………………………………………………………………

4. Whether College/Institute/University is included under Section 12(B) of UGC Act. …………… (Yes/No)

5. Correspondence Address:…………………………………………

……………………………………………………………

……………………………….Pin Code ……………………………

Telephone Number(Off.)………………….(Res.)…………………...Mob………………….………...

E_mail ID: ……………………………………………..

6. Date of Birth:…………………………   7. Sex : Male/Female……………………

8. Whether belonging to Scheduled Caste/Tribe or   : ………………………………....……..
    OBC or Differently Abled :   (State Category , if any)

9. (a) Designation: ………………………………..   (b) Grade Pay :………………………………

10. Subject:…………………………………………

11. First continuous appointment   :   _____

12. Date of joining the present job   :   _____

13. Due date of next higher grade pay   :   _____

14. Status of Appointment (Please Tick)
    (i)   Permanent   (ii)   Adhoc   (iii)   Temporary
    (iv)   Part-Time   (v)   Contract

15. The type of College/University/Institution (Please Tick):
    (i)   Govt.   (ii)   Govt. Aided   (iii)   Self-Financed
    (iv)   Autonomous   (v)   University Dept. (vi) Any Other

16. Total Teaching Experience :   Year _____Months _____

17. Have you already attended any course at Kurukshetra University, Kurukshetra or at any other place? If yes, give details :

Courses	Subject	Name of the ASC/HRDC/RCCB	Duration	
			From	To
Orientation Programme				
Refresher Courses				
I				
II				
III				
Short-Term Course				

18. Would you require hostel accommodation facilities during the programme:………… (YES/NO)

19. Remarks if any …………………………………………………………………………

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 UGC-Human Resource Development Centre and to commit solely to the programme during the full duration.

Place ………………………….
Date ………………………..   (Signature of the Teacher)

Recommendation of the forwarding authority:- Please Tick (√) whichever is applicable.
I herby certify that:
(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 Leave; and
(v) The information given above by the applicant is true, complete and correct.

                                                        Signature of Principal/Head of Institution
Date……………..   (With rubber stamp)