



**UGC-HUMAN RESOURCE DEVELOPMENT CENTRE
GURU NANAK DEV UNIVERSITY, AMRITSAR**

(Established by the State Legislature Act No.21 of 1969)

Accredited at "A" grade level by NAAC and awarded "University with Potential for Excellence" status by UGC

Application Form for Ph.D. Research Scholars

Website: www.hrdcgndu.org, Email: hrdcgndu@yahoo.com, hrdcgndu@gmail.com

Phone No.: 0183-2258802-09 & 2450601-14 Extn: 3161, 0183-2258961(Direct), Fax: 0183-2258961

Please read the instructions before filling in this form:

- (a) Incomplete form will NOT be considered.
- (b) Strike out which is not applicable.
- (c) Application should be addressed to the Director, UGC-Human Resource Development Centre, Guru Nanak Dev University, Amritsar - 143005.
- (d) A demand draft of Rs.1000/- in favour of the Registrar, Guru Nanak Dev University, Amritsar as registration fee (non-refundable) payable at Amritsar has to be attached with the application form.
- (e) As per UGC guidelines, no TA/DA will be paid for participating this Course/Workshop

Paste your recent passport size photograph here

**Course/Workshop on _____
from _____ to _____**

1. Name: Dr./Mr./Miss/Mrs.(In Capital letters): _____
2. Designation: _____
3. Date of Birth: _____ Sex: Male/Female/Transgender: _____
4. Religion: _____
5. Category: SC/ST/OBC/General or Physically/Visually Challenged: _____
6. (a) Address of the Institute: _____

- (b) Address for Correspondence: _____

- Telephone (with code): _____ Mobile: _____
- (c) E-mail of the Institution: _____ (d) E-mail(personal): _____
7. Name of the affiliating University: _____

8. Qualifications : M.A./M.Com./M.Sc./M.Phil/others: _____
9. Would you require accommodation in the Guest House during the programme (Put tick mark) Yes/No: _____
(First come first serve basis)

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 and incorrect, my application/admission is liable to be rejected at any stage.

Place: _____
Date: _____

Signature of the Applicant

Recommendation of the forwarding authority:-

I hereby certify that the information given by the applicant is true, complete and correct and the application is forwarded with the recommendation that if selected, he/she will be relieved in time to participate in the Workshop/Course.

Signature
Ph.D. Supervisor

Head of the Department
(with official seal)

Date: _____

For Office Use only

Draft No. _____ Dated _____ Bank _____

Eligible/Not eligible _____

Director (UGC-HRDC)

Superintendent/Dealing Clerk