



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 Short Term Course/Workshop

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:

- Incomplete form is liable to be rejected outrightly.
- This form must be forwarded through proper channel.
- Strike out which is not applicable.
- Please consult UGC guidelines pertaining to these courses before filling the form.
- Application should be addressed to the Director, UGC-Human Resource Development Centre, Guru Nanak Dev University, Amritsar - 143005.
- It is mandatory to produce relieving letter from the competent authority of your Institute/College at the time of registration.
- Part-time/Adhoc/Contract teachers who have been teaching for atleast three academic sessions in an institution which has been affiliated to a University for atleast two years may be permitted to participate in the Refresher Course to enhance their skills.
- 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.
- Teachers of colleges/institutes which yet do not come within the purview of section 12(B) but have been affiliated to a University for atleast two years are eligible to participate in the Courses, but they will not be paid TA/DA and other allowances for attending this course.

Paste your recent
passport size
photograph here

Short Term Course/Workshop in _____

from _____ **to** _____

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

- (b) Address for Correspondence: _____

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

- Teaching Subject: _____ Specialization: _____
- (a) Qualifications: _____
(b) Total Teaching Experience:(i) Previous (if any): _____ (ii) Present Experience: _____
(c) Type of Appointment: Part-Time/Contract/Adhoc/Temporary/Permanent
- *First continuous appointment as Assistant Professor: _____
(a) Date or due date of confirmation: _____
(b) Date of joining the present job: _____
(c) Date or due date of Promotion from Stage-I to Stage-II: _____
(d) Date or due date of Promotion from Stage-II to Stage-III: _____
(e) Date or due date of Promotion from Stage-III to Stage-IV: _____

(* - Tick the appropriate one)

13. For Part-Time/Contract/Adhoc/Temporary Teachers only: Teaching Experience: _____ Years

(a) Session: _____ College/Department: _____

(b) Session: _____ College/Department: _____

(c) Session: _____ College/Department: _____

14. Would you require accommodation in the Guest House during the programme (Put tick mark) Yes/No: _____
(First come first serve basis)

15 (a) Have you already attended any Orientation Programme: (Yes/No), If yes, give details:

From: _____ to: _____ at: _____

16. Have you already attended any Refresher Course: (Yes/No), If yes, give details:

(a) Refresher Course in: _____

From: _____ to: _____ at: _____

(b) Refresher Course in: _____

From: _____ to: _____ at: _____

(c) Refresher Course in: _____

From: _____ to: _____ at: _____

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/selection is liable to be rejected at any stage.

Place: _____

Date: _____

Signature of the Applicant

Recommendation of the forwarding authority:-

I hereby certify that:

- (i) Our College/Institute/Organization is affiliated to _____ (University) since _____ and recognized under section 2(f) and included under section 12(B) of UGC Act, 1956 vide letter No. _____ dated _____ received from the U.G.C. New Delhi.
- (ii) Our College does not come within the purview of the Section 12(B) of the UGC Act, but has been affiliated to the University of _____ for at least two years.
- (iii) The above applicant has not attended any Orientation/Refresher course conducted by GNDU or any other University/Institution except as indicated in Col. No. 15 and 16 above;
- (iv) The application of the above named teacher is forwarded with the recommendation that if selected, he/she will be relieved in time to participate in the above course and **the information furnished by the applicant is true, complete and correct in all respects.**

Date: _____

**Principal/Head of the Institution
(with rubber stamp)**

(Note: If the above mentioned certificate (i) is not filled in properly, the participant will not be entitled for his/her TA/DA as per the new UGC Guidelines.)

For Office Use only

Draft No. _____ Dated _____ Bank _____

Eligible/Not eligible _____

Director (UGC-HRDC)

Superintendent/Dealing Clerk