

## **FACULTY DEVELOPMENT CENTRE**

(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 Induction Training Programme**

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 is liable to be rejected outrightly.
- (b) This form must be forwarded through proper channel.
- (c) Strike out which is not applicable.
- (d) Application should be addressed to the Director, UGC-Human Resource Development Centre, Guru Nanak Dev University, Amritsar-143005.
- (e) It is mandatory to produce relieving letter from the competent authority of your Institute/College at the time of registration.

(f) 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.

Paste your recent passport size photograph here

atta	ached with the application form.				_	
	Induction Training Pro	ogramme No	(Dates:	to	)	
1. Nam	ne: Dr./Mr./Miss/Mrs.(In Capital letters	s):				
	Designation:					
	Date of Birth:Sex: Male/Female/Transgender:					
4. Reli	Religion: 5. Category: SC/ST/OBC/General or Physically/Visually Challenged					
6. (a) F	Permanent Address:					
(b) A	Address for Correspondence:					
(c) N	Mobile Number:		Email ID (Personal)_			
7. (a) I	Name & Address of the Institute:					
(b) E	-mail of the Institution:			stitution		
8. Nam	ne of the affiliating University:					
 9. Teac	ching Subject:	Specializ	zation:			
10. Qua	alifications:		Regular/permanent/Adh Please attach copy of A		·	
11. Date of appointment:			11. Date of Confirmation			
	uld you require accommodation in the st come first serve basis)	ne Guest House du	uring the programme (F	Put tick mark) Yes/No:		
	I hereby declare that all information lief. I understand that in the event of ejected at any stage.					
Place: _				Signa	ture of the Applicant	
	mendation of the forwarding auth	ority:-				
	y certify that:					
(i)	Our College/Institute/Organization and recognized un Nodated	der section 2(f) a received from the U.	and included under s .G.C. New Delhi.	section 12(B) of UG		
(ii)	Our College does not come within of	the purview of the S	Section 12(B) of the UG _for at least two years.			
iii) iv)	The above applicant has joined The application of the above name time to participate in the above co respects.	ed teacher is forward	led with the recommend	dation that if selected,	he/she will be relieved in	
					I/Head of the Institution	
Date: _		For (	Office Use only	(with ı	rubber stamp)	
	o Dated	Bank	<u> </u>			
Eligible/	/Not eligible					