



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 Workshop/Seminar

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:

Paste your
recent
passport
size
photograph
here

- (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.

Seminar/Workshop for which Applied for _____
(Dates 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) Permanent Residential Address: _____

- (b) Address for Correspondence: _____
- (c) Mobile Number: _____ Email ID (Personal) _____

- 7. (a) Name & Address of the Institute: _____
- (b) E-mail of the Institution: _____ Contact Number of Institution _____

- 8. Name of the affiliating University: _____
- 9. Teaching Subject: _____ Specialization: _____
- 10. Qualifications : _____ Regular/permanent/Adhoc/Contract/Temporary _____
- 11. (a) Date of appointment: _____ 11. (b) Date of Confirmation _____
- 12. Topic to be presented during the Workshop/Seminar _____
- 13. 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/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 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)

For Office Use only

Eligible/Not eligible _____

Director (FDC)

Superintendent/ Dealing Clerk