



# 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](http://www.hrdcgndu.org), Email: [hrdcgndu@yahoo.com](mailto:hrdcgndu@yahoo.com), [hrdcgndu@gmail.com](mailto: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

### Induction Training Programme-01 ( \_\_\_\_\_ 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 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 : \_\_\_\_\_
11. Date of appointment: \_\_\_\_\_
12. 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 above applicant has joined the College/Institute after 1.1.2016.
- (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)**

#### For Office Use only

Draft No. \_\_\_\_\_ Dated \_\_\_\_\_ Bank \_\_\_\_\_  
Eligible/Not eligible \_\_\_\_\_

**Superintendent/ Dealing Clerk**

**Director (FDC)**