

## **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

(b) Address for Correspondence:  (c) Mobile Number:	atta	ached with the application form.	, ,	,,,,
2. Designation:  3. Dato 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:  T. (a) Name & Address of the Institute:  (b) E-mail of the Institution:  8. Name of the affiliating University:  9. Teaching Subject:  10. Qualifications:  11. Date of appointment:  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)  1 hereby declare that all information furnished in this application form is true, complete and correct to the best of my knowled and belief. I understand that in the event of any information being found false, incomplete and incorrect, my application/selection is list to be rejected at any stage.  Place:  Signature of the Applicant  Recommendation of the forwarding authority-  1 hereby certify that:  (i) Our College/Institute/Organization is affiliated to  and recognized under section 2(f) and included under section 12(B) of UGC Act, 1956 vide letter  No.  dated recognized under section 2(f) and included under section 12(B) of UGC Act, 1956 vide letter  No.  dated recognized under section 2(f) and included under section 12(B) of UGC Act, 1956 vide letter  No.  dated recognized under section 2(f) and included under section 12(B) of UGC Act, 1956 vide letter  No.  dated recognized under section 2(f) and included under section 12(B) of UGC Act, 1956 vide letter  No.  dated recognized under section 2(f) and included under section 12(B) of UGC Act, 1956 vide letter  No.  dated recognized under section 2(f) and included under section 12(B) of UGC Act, 1956 vide letter  No.  dated recognized under section 2(f) and included under section 12(B) of UGC Act, 1956 vide letter  No.  dated recognized under section 2(f) and included under section 12(B) of the UGC Act, but has been affiliated to the University of the above applicant has joined the College/Institute affer		Induction	Training Programme-01 (	to)
3. Date of Birth:	1. Nam	ne: Dr./Mr./Miss/Mrs.(In Capital	letters):	
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 Institution:  (b) E-mail of the Institution:  Secondary of the affiliating University:  9. Teaching Subject:  9. Teaching Subject:  9. Teaching Subject:  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)  1. In Personal of the Institution:  1. In Include of appointment:  12. Would you require accommodation furnished in this application form is true, complete and correct to the best of my knowled and belief. I understand that in the event of any information being found false, incomplete and incorrect, my application/selection is liat to be rejected at any stage.  Place:  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 and recognized under section 2(f) and included under section 12(B) of UGC Act, 1956 vide letter No and recognized under section 2(f) and included under section 12(B) of UGC Act, 1956 vide letter No and recognized under section 2(f) and included under section 12(B) of UGC Act, 1956 vide letter No and recognized under section 2(f) and included under section 12(B) of UGC Act, 1956 vide letter No and recognized under section 2(f) and included under section 12(B) of the UGC Act, but has been affiliated to the University of and recognized under section 12(B) of the UGC Act, but has been affiliated to the University of and recognized under section 12(B) of the UGC Act, but has been affiliated to the University of and recognized under section 12(B) of the U	2. Desi	ignation:		
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(b) Address for Correspondence:  (c) Mobile Number:			hysically/Visually Challenged	
(b) Address for Correspondence:  (c) Mobile Number:		• ,		
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