



# UGC-HUMAN RESOURCE DEVELOPMENT CENTRE (HRDC)

## UNIVERSITY OF KERALA

KARIAVATTOM CAMPUS, THIRUVANANTHAPURAM –695 581

Phone : 0471- 2418989 Fax : 0471-2412267

Email : hrdcunike@yahoo.com

Web: www.keralauniversity.ac.in/ugcasc

Application Form for Admission of **SHORT-TERM COURSES IN**

.....

From ..... To .....

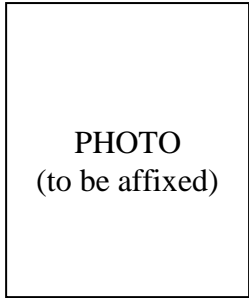


PHOTO  
(to be affixed)

### I PERSONAL INFORMATION

- 1. Name of the teacher : .....  
(in block letters initials after name)
- 2. Date of Birth & Age : .....
- 3. Sex : Male/Female
- 4. Educational Qualifications : .....
- 5. Community : SC / ST /Others
- 6. Residential Address : .....  
.....  
.....Pin Code.....  
Phone No.(with STD Code) .....
- Mobile Ph:** .....
- Email:** .....
- 7. Mailing Address : .....  
.....  
.....

### II DETAILS OF EMPLOYMENT

- 1. Designation : Assistant Professor / Associate Professor / Professor/ Librarian/  
Any other Specify .....
- 2. Subject : .....
- 3. Basic pay & Scale of Pay : .....
- 4. Address of the College / University : Dept. of .....  
.....  
.....
- 5. Name of the Affiliating University : .....

### III DETAILS OF TEACHING EXPERIENCE

- 1. Date of first Appointment : .....
- 2. Date of regular Appointment : .....
- 3. Status of Appointment Permanent / Adhoc / Temporary
- 4. Teaching Experience : .....Years .....Months  
(College / University)
- 5. Classes handling : Degree / PG
- 6. Research Guidance : M. Phil / Ph. D

### Details of Courses Attended Earlier

Course	Institution	Period	
		From	To
<b>Orientation Programme</b>			
<b>Refresher Courses</b>	1. 2. 3.		

I hereby undertake to participate in the Course and to do the project work as per rules. I shall abide by the rules and regulations of the UGC-HRDC from time to time. The particulars given above are true to the best of my knowledge and belief.

Place :

Date :

Signature of the Applicant with date

### CERTIFICATE OF RECOMMENDATION FROM THE PRINCIPAL/HOD/HOI

I recommend Dr. / Mr. / Ms.....

Assistant Professor / Associate Professor / Professor/Librarian / Any others (Specify) (Strike off which ever is not applicable) .....

for the Short-Term Course in ..... He /She will be relieved in time to participate in the above course at HRDC, if selected. Certified that this College is affiliated to ..... University for the last two years. Also certified that the service and other details given in the application are verified and found correct.

Place :

Date :

Signature of the Principal /HOD/HOI  
With Office Seal

### For Office use only

Selected for the Short-Term Course in ..... commencing from ..... to ..... as per recommendation of the authority concerned.

Place :

Date :

Professor - Director