



UGC-HUMAN RESOURCE DEVELOPMENT CENTRE (HRDC)

UNIVERSITY OF KERALA

KARIAVATTOM CAMPUS, THIRUVANANTHAPURAM –695 581

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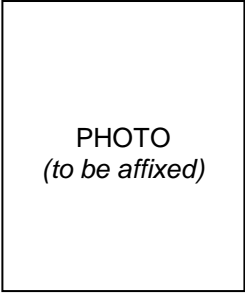


PHOTO
(to be affixed)

Application Form for Admission - REFRESHER COURSE

Name of the Course

FromTo.....

I PERSONAL INFORMATION

- 1. Name of the teacher :
(in block letters initials after name)
- 2. Date of Birth & Age : Sex: Male/Female
- 3. Educational Qualifications : **(Copy of M.Phil / Ph.D certificates should be attached)**
- 4. Community : SC / ST /OBC/ General
- 5. Residential Address :
-
-Pin Code.....

Phone No.(with STD Code)

Mobile Ph:

Email:

- 6. 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 regular Appointment : (Copy of appointment order should be attached)
- 2. Teaching Experience (College / University):YearsMonths
- 5. Classes handling : Degree / PG
- 4. Research Guidance : M. Phil / Ph. D

Details of Courses Attended Earlier

| Course | Institution | Period | |
|-----------------------|-------------|--------|----|
| | | From | To |
| Orientation Programme | | | |
| Refresher Courses | | | |
| Short-Term Courses | | | |

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 :
date

Signature of the Applicant with

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 Refresher 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 theREFRESHER COURSE in commencing from as per recommendation of the authority concerned.

Place :
Date :

Director