

UGC ACADEMIC STAFF COLLEGE

MIZORAM UNIVERSITY

Tanhriil Aizawl, Mizoram-796009

(Incomplete Form will not be entertained)

APPLICATION FORM

For Participation in the UGC sponsored

ORIENTATION PROGRAMME /REFRESHER COURSE

IN SUBJECT OF

Commencing from To

(Strikeout whichever is not applicable and mark / to your choice)

1. Name of applicant (In Capital Letters)

First Name	Middle Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Date of Birth 3. Sex

Male	Female
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4. Category

SC	ST	OBC	General
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5. Education Qualifications PG M.Phil Ph.D

6. Name and address of the college/Institution where the applicant is employed :

<hr/>	STD Code	<input type="text"/>
<hr/>	Telephone No.	<input type="text"/>
<hr/> PIN CODE <input type="text"/>	Fax	<input type="text"/>
	E-mail	<input type="text"/>

7. University to which the College/Institution is affiliated :

8. Correspondence Address :

<hr/>	STD Code	<input type="text"/>
<hr/>	Telephone No.	<input type="text"/>
<hr/>	Mobile No.	<input type="text"/>
<hr/> PINCODE <input type="text"/>	E-mail	<input type="text"/>

9. Designation

Asst.Prof.

Asst.Prof. (Senior Scale)

Asst. Prof. (Selection Grade)/Assoc. Prof.
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10. Date of appointment as Ass.Prof.

11. Nature of Appointment

Permanent

Temporary/Adhoc

Part Time

Contract

12. Pay Band and AGP OR Consolidated Pay

13. Date or due date of placement In and / or

Asst. Prof. (Senior Scale)

Asst. Prof. (Selection Grade)/ Assoc. Prof.

14. Teaching Experience : Total

Y	M
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 Degree Classes PG Classes

(In years) at Senior College / University

Teaching subject Specialization

15. Have you attended any Orientation Programme and/or Refresher Course so far ?

If yes, give dates and name and address of the Academic staff College/Institute.

Orientation Programme

(1) Date										To									
Address																			

Refresher Course

(2) Date										To									
Address																			

(3) Date										To									
Address																			

(4) Date										To									
Address																			

16. Hostel Accommodation Required Not Required

I declare that the information given above is correct to the best of my knowledge.

I hereby undertake to participate in all the academic sessions and assignment work during the course and will abide by the rules and regulations of th UGC Academic Staff College.

Place : _____

Date : _____

Signature of the Applicant

RECOMMENDATION OF THE FORWARDING AUTHORITY

- (1) I recommend Dr./Mr./Ms. _____ for the Orientation Programme/Refresher courses in the subject of _____ who has a total teaching experience of _____ years _____ months in our Institution. He/She will be relieved on time to participate in the above course at UGC Academic Staff College. If selected and no work will be allotted to him/her during the duration of the programme.
- (2) Certified that this college is affiliate to _____ University for the last 5 years.

Place : _____

Date : _____

Signature of the Principal/Director/ Head

