

FACULTY DEVELOPMENT CENTRE
(UNDER PMMMNMTT)

UGC-HUMAN RESOURCE DEVELOPMENT CENTRE
SAVITRIBAI PHULE PUNE UNIVERSITY
PUNE - 411007

(Incomplete form will not be entertained)



Affix your latest photograph
(without photograph form will not be entertained)

For Office Use Only

APPLICATION FORM

Applied for

Commencing from

To

(Strike out whichever is not applicable and mark ✓ to your choice)

1. Name of Applicant
(In Capital Letters)
(As per records)

Honorific (Ms/Mr./Mrs./Dr.)	Surname	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Date of Birth

3. Gender Male Female

4. Category SC ST DT/NT OBC OPEN OTHER

5. Mother-tongue

6. Languages Known

1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
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7. Educational Qualifications

	Subject
Graduation	<input type="text"/>
Post Graduation	<input type="text"/>
Ph.D.	<input type="text"/>

8. Name and Address of the Parent Institution:

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

10. Address for correspondence :

PIN.

(P.T.O.)

Contact Details – Institute/College (with STD Code) _____

Mobile No. : _____

Residence _____

Email Id _____

11. Date of Appointment as Assistant Professor _____

Associate Professor _____

Professor _____

Please specify any other Designation _____

12. Present Pay Scale : Rs.

13. Hostel Accommodation

Required

Not required

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 the Faculty Development Centre, UGC-Human Resource Development Centre/Savitribai Phule Pune University/University Grants Commission.

Place : _____

Date : _____

Signature of the Applicant

RECOMMENDATIONS OF THE FORWARDING AUTHORITY

1. I recommend Dr./Mr./Ms.....
.....for
the If selected, he/she will be
relieved on time to participate in the above programme at Faculty Development Centre, UGC-Human
Resource Development Centre.

Place : _____

Date : _____

Office Seal

Signature of the Principal/
Registrar/ Head of the Institution

Certified that all the information is correct to the best of my knowledge and belief. I UNDERSTAND THAT MY ADMISSION WILL BE CANCELLED IF ANY INFORMATION GIVEN BY ME IS FOUND INCORRECT. I also undertake to abide with the following rules :

- A. In case I am unable to join the course I will intimate the FDC well in advance so that the seat can be given to others.
- B. I authorize the FDC to recover any expenditure incurred on me by the FDC.
- C. I also authorize the FDC to recover the cost of lost or damaged books/any other material issued to me.
- D. I promise to refund the University any expenditure not approved by the audit and authorize my employer to deduct from my pay if needed any of the above.

DATE :

SIGNATURE OF THE APPLICANT

- 01. Recommendation of the principal (recommendation means commitment to relieve the applicant for the duration of the course full time).
- 02. FDC will be intimated as early as possible in case he/she is unable to join the course.
- 03. The teacher will be asked to send the feedback to FDC after completing the course and he/she will be persuaded to implement the major recommendations of the course.
- 04. CERTIFIED THAT THE INFORMATION GIVEN IN THE APPLICATION FORM HAS BEEN VERIFIED FROM THE SERVICE BOOK AND OTHER RECORDS.

DATE :

**PRINCIPAL/ HEAD OF INSTITUTION
SEAL**

INSTRUCTIONS

- 1) Incomplete application form will not be considered.
- 2) The participants are required to attend all the sessions of the course sincerely. No leave shall be granted during the course.
- 3) Only those participants who will complete the course in all respects shall be eligible to receive the certificate of participation. In case of any default on the part of the applicant, the Director-Faculty Development Centre, UGC Human Resource Development Centre, Savitribai Phule Pune University, Pune has all rights to cancel the admission or withhold the certificate and in such a case, no queries will be entertained.