

For Office Use only

The applicant attended
RC as indicated below

★★★★★
UGC-ACADEMIC STAFF COLLEGE
UNIVERSITY OF PUNE
PUNE-411007

(Incomplete form will not be entertained)

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

APPLICATION FORM

For participation in the UGC sponsored

REFRESHER COURSE IN THE SUBJECT OF

Commencing from

To

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

Surname

First Name

Middle Name

1. Name of Applicant
(in Capital Letters)

2. Date of Birth

3. Sex

Male

Female

4. Category

SC

ST

DT/NT

OBC

OPEN

5. Mother-tongue

6. Knowledge of Marathi

READ

WRITE

CAN UNDERSTAND

NO

Degrees

Subject

7. Educational
Qualifications

| | | | | | | | |
|---------|--------|-------|-------|-------|--------|--|--|
| B.A. | B.Com. | B.Sc. | B.Ed. | LL.B. | B.Lib. | | |
| M.A. | M.Com. | M.Sc. | M.Ed. | LL.M. | M.Lib. | | |
| M.Phil. | | | | Ph.D. | | | |

8. Name and address of the College/Institution where the Applicant is employed :

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

10. Address for correspondence :

PIN :

STD Code :

Phone : Office

Residence

11. Designation

Lecturer

Senior-Scale Lecturer

Selection-Grade Lecturer

12. Date of Appointment as Lecturer
13. Nature of Appointment
14. Present Pay Scale : Rs. or or
15. Date or due date of Placement in Senior Scale and/or
in Selection Grade
16. Teaching Experience Total Degree Classes PG Classes
(in years) at Senior College/University
17. Have you attended any programme so far ?

| | | |
|-------------|-----|---------------------------------------|
| Orientation | And | Refresher Programme in the subject of |
| | Or | |

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

| | | | | | | | | | | | | | | | | | | | |
|---------|----------------------|----|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. Date | <input type="text"/> | To | <input type="text"/> | | | | | | | | | | | | | | | | |
| Address | <input type="text"/> | | | | | | | | | | | | | | | | | | |
| 2. Date | <input type="text"/> | To | <input type="text"/> | | | | | | | | | | | | | | | | |
| Address | <input type="text"/> | | | | | | | | | | | | | | | | | | |
| 3. Date | <input type="text"/> | To | <input type="text"/> | | | | | | | | | | | | | | | | |
| Address | <input type="text"/> | | | | | | | | | | | | | | | | | | |
| 4. Date | <input type="text"/> | To | <input type="text"/> | | | | | | | | | | | | | | | | |
| Address | <input type="text"/> | | | | | | | | | | | | | | | | | | |

19. Hostel Accommodation

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 Academic Staff College/University or the University Grants Commission.

Place : _____

Date : _____

Signature of the Applicant

RECOMMENDATIONS OF THE FORWARDING AUTHORITY

1. I recommend Dr./Mr./Ms.
.....
for the Refresher course in the subject of He/she will be relieved on time to participate in the above course at Academic Staff College, if selected.
2. Certified that this college is affiliated to University for the last 5 years.

Place : _____

Date : _____

Office Seal

**Signature of the Principal/
Registrar/Head of the Institution**