

**UGC-HUMAN RESOURCE DEVELOPMENT CENTRE**

**KURUKSHETRA UNIVERSITY KURUKSHETRA**

(Established by the State Legislature Act XII of 1956)

("A+" Grade, NAAC Accredited)

**PROFORMA OF PERSONAL PARTICULARS OF THE TEACHER-PARTICIPANT**

Please read the Instructions before filling in this form:

- (a) This form must be filled in completely and no column should be left blank.
- (b) Incomplete form will NOT be considered.
- (c) This form must be forwarded through proper channel.
- (d) Strike out which is not applicable.
- (e) Only those teachers who are selected for a particular course will be informed about the programme.
- (f) Every teacher is required to present a seminar paper during the course.
- (g) Certificates of completion of course will be given to those participants who attend the course for the full duration i.e. 108 contact hours i.e. 6 hours daily for 3-week programme and a minimum of 72 contact hours for a 2-week programme.
- (h) TA/DA will be paid to the participants as per UGC rules.
- (i) Every participant shall pay an admission fee (non-refundable) of Rs.1000/- at the time of admission to the course in the shape of Bank Draft in favour of Registrar, K.U. Kurukshetra.
- (j) The teachers may apply on our office E-mail : [ugcasc\\_kuk@yahoo.co.in](mailto:ugcasc_kuk@yahoo.co.in)

COURSES TO BE ATTENDED:

(i) ORIENTATION COURSE (Common for teachers in all subjects)

Commencing From \_\_\_\_\_ To \_\_\_\_\_

OR

(ii) REFRESHER COURSE IN SUBJECT OF.....

Commencing From \_\_\_\_\_ To \_\_\_\_\_

OR

(iii) SHORT-TERM COURSE

1. Name: Dr//Mr/Miss/Mrs:.....

2. College/Department Address:.....

.....

3. Name of the Affiliating University:.....

.....

4. Whether College/Institute/University is included under Section 12(B) of UGC Act. .... (Yes/No)

5. Correspondence Address:.....

.....

..... Pin Code .....

Telephone Number(Off.).....(Res.).....Mob.....

E\_mail ID: .....

6. Date of Birth:.....

7. Sex : Male/Female.....

8. Whether belonging to Scheduled Caste/Tribe or : .....

OBC or Differently Abled : (State Category , if any)

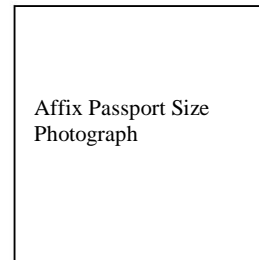
9. (a) Designation: ..... (b) Grade Pay :.....

10. Subject:.....

11. First continuous appointment : \_\_\_\_\_

12. Date of joining the present job : \_\_\_\_\_

13. Due date of next higher grade pay : \_\_\_\_\_



14. Status of Appointment (Please Tick)

- (i)Permanent(ii)Adhoc
- (iii) Temporary
- (iv)Part-Time(v)Contract

15. The type of College/University/Institution (Please Tick):

- (i)Govt.(ii)Govt. Aided
- (iii)Self-Financed
- (iv)Autonomous(v)University Dept. (vi)
- Any Other

16. Total Teaching Experience : Year \_\_\_\_\_ Months \_\_\_\_\_

17. Have you already attended any course at Kurukshetra University, Kurukshetra or at any other place? If yes, give details :

Courses	Subject	Name of the ASC/HRDC/RCCB	Duration	
			From	To
Orientation Programme				
Refresher Courses				
I				
II				
III				
Short-Term Course				

18. Would you require hostel accommodation facilities during the programme:..... (YES/NO)

19. Remarks if any .....

**DECLARATION/UNDERTAKING**

I hereby declare that all information furnished in this application form is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete or incorrect, my application/admission is liable to be rejected/cancelled. I undertake to abide by the rules/guidelines of the UGC-Human Resource Development Centre and to commit solely to the programme during the full duration.

Place .....  
Date .....

(Signature of the Teacher)

Recommendation of the forwarding authority:- Please Tick (✓) whichever is applicable.

I hereby certify that:

- (i) Our College/University is included in the list of institutions under Sec.2 (f) of the UGC Act;
- (ii) Our College comes in the purview of the Section 12 (B) of the UGC Act.
- (iii) Our College does not come in the purview of the Section 12 (B) of the UGC Act, but has been affiliated to the University of ..... for at least 2 years;
- (iv) The application of the above named teacher is forwarded with the recommendation that when selected, he/she will be relieved in time to participate in the above course and will be treated on Duty Leave; and
- (v) The information given above by the applicant is true, complete and correct.

Date.....

Signature of Principal/Head of Institution  
(With rubber stamp)