## 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 FOR GENDER SENSITIZATION PROGRAMME FOR PH.D. RESEARCH SCHOLARS/POST DOCTORAL FELLOWS

Pl. 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.

(ii)

Date: .....

- (e) Certificate of completion of course will be given to those participants only who attend the full course.
- (f) The teachers may sent soft copy on our office E-mail: ugcasc kuk@yahoo.co.in

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1	Name : Mr./Ms/Mrs.						
1.	Name : Mr./Ms/Mrs.	Affix your					
2.	Father's Name: Sh.	passport size					
3.	Department:	photograph here					
4							
4.	University/Institution:						
5.	Correspondence Address :						
	Mobile No.	E-mail:					
6.	Date of Birth:	7. Sex : Male/Female					
7.	Whether belonging to Schedule Caste/Tribe or:						
	Backward Class or Differently Abled	(State Category, if any	y)				
9.	(a) Subject :	(b) Topic of Study:					
10.	(a) Date of Joining as Ph.D student:	(b) Date of Registration	on:				
	I hereby declare that all information furnished in	n this application form is true, complete a	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.							
D.I							
Pla	ace:						
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	ecommendation of the forwarding authority:						
Ιh		student is forwarded with the recommen	ndation that when selected,				
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he/she will be relieved in time to participate in the above said course; and The information given above by the applicant is true, complete and correct.

Supervisor

Chairperson of the Department