

For Office Use Only
The applicant attended OP/RC as indicated below



**UGC-ACADEMIC STAFF COLLEGE
SAVITRIBAI PHULE PUNE UNIVERSITY
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**

ORIENTATION PROGRAMME	REFRESHER COURSE IN
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Commencing from

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 To

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

1. Name of Applicant

Surname	First Name	Middle Name

(In Capital Letter)

2. Date of Birth

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 3. Sex

Male	Female
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4. Category

SC	ST	DT/NT	OBC	OPEN
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 5. Mother-tongue

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6. Knowledge of Marathi

READ	WRITE	CAN UNDERSTAND	NO
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7. Educational Qualifications	Degree						Subject
	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.

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 Phone Res/Office:

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 Mobile 1 :

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 E-mail :

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11. Designation

Assistant Professor	Associate Professor	Professor
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12. Date of Appointment as Assistant Professor

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(P.T.O.)

13. Date of Placement in Existing Grade pay

14. Nature of Appointment

15. Present Pay Scale : Rs.

16. Teaching Experience (in years) at Senior College/University Total Degree Classes PG Classes

17. Have you attended any programme so far? If yes, indicate below:

Orientation (OP)	And	Refresher Course / Special Summer / Winter School in the subject of
	OR	

18. Give dates, name(s) and address(e) of the Academic Staff College/Institute where you attend the programme(s):

1. Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Address	<input type="text"/>			
2. Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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Address	<input type="text"/>			
4. Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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 of the University Grants Commission.

Place : _____

Date : _____

Signature of the Applicant

RECOMMENDATIONS OF THE FORWARDING AUTHORITY

1. I recommend Dr./Mr./Ms.

..... for the Orientation Programme/
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 : _____

Signature of the Principal/
Registrar/ Head of the Institution

Office Seal