

SAVITRIBAI PHULE PUNE UNIVERSITY (SPPU)  
UGC SPONSORED  
DR. BABASAHEB AMBEDKAR STUDIES CENTRE  
Pune-411007

Prof. (Dr.) Vijay Khare (M.Sc., Ph.D.)  
Director



Phone: 0202561322  
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Ref. No. : Asc/ pu/01/15

Date...16/01/2015.....

To,  
The Principal/Director/HoD

**Subject: "A Short Term Course/Capacity Building Training Workshop for Social Science Faculty Members" from 13th to 27th February 2015**

Dear Sir/Madam,

Dr. Babasaheb Ambedkar Chair and Studies Centre is organizing "**A Short Term Course/ Capacity Building Training Workshop for Social Science Faculty Members**" from 13th to 27th February 2015. This training programme is sponsored by Indian Council of Social Science Research (ICSSR), New Delhi.

In this context, I request you to nominate representatives from social science disciplines in your college/institution/organization to participate in this programme. ICSSR will bear the TA, accommodation and food costs for the participants during the entire duration of the workshop. The profile of the candidate should be sent by e-mail or courier/post latest by 5th February 2015 to the following address:

Director, Dr. Babasaheb Ambedkar Studies Centre, Ambedkar Bhavan, Savitribai Phule Pune University, Ganeshkhnid, Pune 411007 Tel: 020-25601322, Fax: 020-25601175/1322

E-mail: directorasc@unipune.ac.in

Contact Person: Dnyaneshwar Gaikwad -9763818793; Nidhin Donald -9619063269

Selection process will be laid down as per the rules of ICSSR and candidates will be communicated their selection through email/post/fax.

Thanking you,

Regards,

  
Prof. (Dr.) Vijay Khare  
Course Director

Enclosures: Participant Form



**Short Term Course/ Capacity Building Training Workshop for  
Social Science Faculty Members**



*Organized by*  
**Dr. Babasaheb Ambedkar Chair and Studies Centre, SPPU**  
*Sponsored by*  
**Indian Council of Social Science Research (ICSSR), New Delhi**

**13th-27th February 2015**

Candidate  
Photo

**PROFILE OF PARTICIPANT**

1. Name of the Participant :
2.
  - i. Date of birth :
  - ii. Caste :
  - iii. Year of Ph.D. Awarded :
  - iv. Field of Specialization :
3. Gender : Male / Female
4. Educational / Professional Qualifications :  
Teaching / Research Experience :  
Number of Publications : National International
5. Profession : Research Scholar / Professor
6.
  - i) Name of the College :
  - ii) Date of Joining in the college :
  - iii) Position : Full time/Part time
7. If the participant Research Scholar :
  - i) Name of Department :
  - ii) Title of Research :
8.
  - i) Postal address of the college (with pin code) :
  - ii) E mail ID :
  - iii) Telephone No. :
9. Postal address of the participant :
  - ii) E mail ID :
  - iii) Telephone No. :

*Declaration by the Candidate*

I hereby undertake to participate in all the academic sessions and assignment work during the workshop and will abide by the rules and regulations of the Indian Council of Social Science Research (ICSSR) and Savitribai Phule Pune University.

Place:

Date:

Signature of the Participant

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*Recommendation by the Forwarding Authority/Principal/HOD/Director*

I recommend Dr./Mr./Mrs. .... for the “ **Short Term Course/Capacity Building Training Workshop for Social Science Faculty Members**” He/She will be relieved on time to participate in the above mentioned course at Savitribai Phule Pune University, if selected.

Place:

Date:

Signature of the Principal/HOD/Director

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