

For Office Use Only
The applicant attended OP/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

ORIENTATION PROGRAMME

REFRESHER COURSE IN

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

1. Name of Applicant (In Capital Letter) Surname First Name Middle Name

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

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.

STD Code:
Phone Office
Residence

11. Designation Assistant Professor Associate Professor Professor

12. Date of Appointment as Assistant Professor

13. Nature of Appointment Regular Confirmed Regular Probation Adhoc Temporary

14. Present Pay Scale : Rs. 15600-39100 (GP- 6000) 37400-67000 (GP- 9000) 37400-67000 (GP- 10000)

15. Date or due date of Placement in Senior Scale
in Selection Grade

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

17. Have you attended any programme so far? Yes No If yes, indicate below:

Orientation (OP)	And	Refresher Course in the subject of (RC)
	OR	

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

OP 1. Date To
Address

RC 1. Date To
Address

RC 2. Date To
Address

RC 3. Date To
Address

19. Hostel Accommodation Required Not required

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