



**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 Short-term Programme for Class III Non-Teaching Staff

Commencing from       To

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

1. Name of Applicant (In Capital Letters) 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		

8. Other Qualifications, if any, Give details  
(Such as Computer Courses, Typing, Short-hand, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

9. Name and Address of the College/Institution where the applicant is employed :  
\_\_\_\_\_  
\_\_\_\_\_

10. University to which the College/Institution is affiliated :  
\_\_\_\_\_  
\_\_\_\_\_

11. Address for correspondence :

\_\_\_\_\_  
\_\_\_\_\_

PIN. 

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Phone      STD Code:  
            Office  
            Residence


Name of Post

12. Date of Appointment as

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13. Total Experience (in years)

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14. Present Pay Scale : Rs.

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15. Any other Training Programme attended, if yes, Give details

\_\_\_\_\_  
\_\_\_\_\_

16. Hostel Accommodation

Required
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Not required
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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 Pune/University Grants Commission.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Signature of the Applicant

**RECOMMENDATIONS OF THE FORWARDING AUTHORITY**

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

.....for the

Short-term programme for Class III Non-Teaching Staff. He/she will be relieved on time to participate in the above programme at Academic Staff College, if selected.

Place : \_\_\_\_\_

Office Seal

Date : \_\_\_\_\_

Signature of the Principal/  
Registrar/ Head of the Institution