

FOR OFFICE USE ONLY
THE APPLICANT ATTENDED "OP" AS INDICATED BELOW



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**ACADEMIC STAFF COLLEGE
UNIVERSITY OF PUNE
PUNE 411007**

**APPLICATION FORM
FOR PARTICIPATION IN THE UGC SPONSORED**

ORIENTATION PROGRAMME

Commencing from To

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

	<i>Surname</i>	<i>First Name</i>	<i>Middle Name</i>
1. Name of Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>

(in CAPITAL LETTERS)

2. Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	3. Sex	<input type="text"/> Male <input type="text"/> Female
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4. Category	<input type="text"/> SC <input type="text"/> ST <input type="text"/> DT/NT <input type="text"/> OBC <input type="text"/> OPEN	5. Mother Tongue	<input type="text"/>
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	Degrees						Subject
6. Educational Qualification	B.A	B.Com.	B.Sc.	B.Ed.	LL.B.	B.C.S.	<input type="text"/>
	M.A.	M.Com.	M.Sc.	M.Ed.	LL.M.	M.C.S.	<input type="text"/>
	M.Phil				Ph.D		<input type="text"/>

7. Subject

8. Name of Department

9. Date of Appointment as Lecturer for the first time

10. Teaching Experience Total Degree Classes PG Classes

(in Years at Senior College/University)

11. Designation	<input type="text"/> Lecturer <input type="text"/> Librarian <input type="text"/> Physical Education Director
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12. Nature of Appointment	<input type="text"/> Regular <input type="text"/> Regular <input type="text"/> Adhoc Temporary
	<input type="text"/> Confirmed <input type="text"/> Probation

13. Name and address of the College/Institution where the Applicant is employed:

14. University to which the College/Institute is affiliated:

15. Address for correspondence:

PIN	<input type="text"/>	STD Code	<input type="text"/>
Phone Off.	<input type="text"/>	Resi.	<input type="text"/>

16. Have you attended Orientation Programme earlier organised by this or any other Academic Staff College in India? YES NO

If yes, kindly fill in the following:

Name and address of Academic Staff College: _____

Dates of the programme attended by you:

<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"/>
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17. Hostel Accomodation Required Not Required

I hereby undertake to participate in all the acedemic sessions and assignmet work during the course and will abide by the rules and regulations of the Academic Staff College/University or the University Grants Commission.

Place: _____

Date: _____

Signature of the Applicant

RECOMMENDATIONS OF THE FORWARDING AUTHORITY

1. I recommend Dr./Mr./Ms. _____
for the participation in the orientation programme. He/she will be relieved on time to participate in the above programme at Academic Staff College, if selected.

2. Certified that this College is affiliated to _____ University for the last 5 years.

Place: _____

Date: _____

Signature of Principal/

Office Seal

Registrar/Head of the Institution