



UGC–Human Resource Development Centre BHARATHIDASAN UNIVERSITY

(Re-accredited by NAAC with A+ Grade)

Khajamalai Campus, Tiruchirappalli - 620 023, Tamil Nadu.

+91 431 2331062 📞 asc@bdu.ac.in 🌐 www.ugchrdcbdu.org



ज्ञान-विज्ञान विमुक्तये

Details of Fee Payment SB Collect Ref. No. : Date :	APPLICATION FOR PARTICIPATION (Please read the guidelines carefully) Programme / Course applied for	Affix Passport Size Photo
For Office Use only Reg. No. :	Duration of the Programme / Course	

- Name of the Applicant (in Capital Letters) :
- Sex : Male / Female
- Age and Date of Birth :
- Community * : SC / SC(A) / ST / MBC / DNC / BC(M) / BC / Others
- Designation with Discipline, Department and College / University :
- Phone No. & Email ID of the Institution :
- Type & Category of Institution : Govt. / Govt. Aided / University - Autonomous / Non-Autonomous
- Name of the Affiliating University :
- Mobile Number & Personal E-mail :
- Residential Address with Pincode :
- Nature of Appointment* : Regular / Temporary
- Date of Appointment in the Regular Post* :
- Date of Probation Completion* :
- Teaching of Experience : UG _____ Years PG _____ Years
- No. of Research Papers Published in Refereed and UGC Approval Journals : National: International:

16. Research / Guidance :

Ph.D.		M.Phil.	
Guided	Guiding	Guided	Guiding

17. Research Projects :

Major		Minor	
Completed	Ongoing	Completed	Ongoing

18. Details of Orientation Programme / Refresher Course(s) Attended* :

S.No.	Name of the Programme / Course	Duration		HRDC & University
		From	To	
1.				
2.				
3.				

19. Is Participation in the Programme / Course a requirement :
for Career Advancement? Yes ☐ No ☐

20. If yes, date of the next promotion due * (Mandatory) :

21. Is accommodation required in the Guest House?
(If yes, submit a separate application for the same.) Yes ☐ No ☐

Declaration

I declare that the above information is correct to my knowledge and I will be responsible for any wrong information.

Place:

Date:

Signature of the Applicant

Certificate of the Forwarding Authority

This is to certify that is a regular faculty member the Department of of this University / College; that he / she will be relieved from the University / College for the entire duration of the Programme / Course; and that this College is included in the list under 12-B Section 2(f) of the UGC Act (1956) and is affiliated to University since

Place:

Date:

**Signature of the Registrar / Principal
with Official Seal**

*The details have to be verified with the Service Register of the applicant by the Forwarding Authority.

FOR OFFICE USE ONLY

Date of Receipt :

Registration No :

Received by :

Selection : Yes / No

Remarks, if any :

Director