



UNIVERSITY OF MYSORE
UGC-ACADEMIC STAFF COLLEGE
 MANASAGANGOTRI, MYSORE-570 006



APPLICATION FORM FOR ORIENTATION / REFRESHER COURSE
(Underline the required course)

Subject.....

1. Name of the Teacher :

2. Date of Birth and Age :

3. Sex : Male / Female :

4. (a) College / Institution Address with Pin Code and Phone Number / Fax / E-mail :

(b) Residential Address with Pin Code and Phone No. / Fax / E-mail :

5. Particulars of Reservation category (SC / ST / OBC / GM) :

6. Designation of the Teacher (Lect. / Sr. Scale Lect. / Sl.Gr.Lect.) :

Present Basic Pay.....

Scale of Pay.....

7. University to which the College is Affiliated

8. Academic Records of the Teacher :

Degree	Class / Rank	Subject Specialisation	Year of Pass	University

9. Research Activities / Publications if any :



10. Have You attended Orientation Programme / Refresher Course earlier : Yes / No
If Yes furnish the details

Programmes /Courses	Name of the Academic Staff College	Date (From and To)

11. Give Justification for your Participation in the Course and any other information the teacher wishes to furnish

I Declare that the information furnished above is true to the best of my knowledge and in case of any lapse(s) I will be held responsible.

Date :

Signature of the Teacher

FORWARDING NOTE

Certified that Sri / Smt.....has been working as Lecturer / Senior Scale Lecturer / Selection Grade Lecturer in..... on permanent / Temporary / Tenure / Guest Faculty (Full Time or Part Time) basis. He / She completed ____ years of Teaching Experience. His / Her appointment is through the Board of Appointment / Subject Experts of the College / Management. The date of appointment is.....and date of reporting to duty is.....He / She has attended / not attended.....(No. of Courses) Orientation Programmes / Refresher Course. He / She will be relieved from the College / Department for the duration of the Orientation Programme / Refresher Course, if selected.

Certified that this College is included in the list under Section 2 (f) of the UGC Act.

Date :

*Principal/Head of the Institution/Chairperson
Affix Office Seal*