



UGC – HUMAN RESOURCE DEVELOPMENT CENTRE
SANT GADGE BABA AMRAVATI UNIVERSITY,
AMRAVATI (M.S.)

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APPLICATION FORM FOR FACULTY INDUCTION PROGRAMME/REFRESHER/SHORT TERM COURSES

(i) **Please read the guidelines carefully before filling the Form.**

(ii) **Incomplete Application will not be entertained**

(Please tick ☐ the appropriate box for the course you are applying)

F.I.P / R.C / S.T.C

Name of Course _____

To be held from _____ to _____

Online Payment Details:

1. Registration Fees of Rs. 1000/- should be submitted online mode in Favour of – The Director, UGC-HRDC, Sant Gadge Baba Amravati University, Amravati

Name of Bank – Bank of Maharashtra, SGB University Branch, Amravati

Account Number – 60030235043

IFSC Code – MAHB0001331

2. Please Upload the Screen Shot/Scan Copy of RTGS/NEFT/Phone Pay

U.T.R Number of Online Payment Mode

A. PERSONAL INFORMATION

1. Name: Dr./Mrs./Miss/Mr. : _____

2. Gender : Male ☐ Female ☐

3. Date of Birth : ____/____/____ (DD/MM/YY)

4. Educational Qualifications : _____

5. Category : SC ☐ ST ☐ VJ ☐ NT ☐ OBC ☐ OTHERS ☐

6. Official Address : _____

7. Phone No. : Mobile _____ Fax _____

: E-mail _____

B. Employment Details

8. Subject : _____

9. Designation : _____

10. Department & College : _____

11. Affiliating University _____

12. Pay Scale : Pay Band :-_____A.G.P. _____

: Present Basic PayRs. _____

C. Teaching Experience Details

13. Date of First Full Time Appointment: _____

14. Due Date of Placement : _____

15. Status of Present Appointment : Temporary Permanent

 Adhoc / Contract On Probation

16. Length of Full Time Service Only: Years _____ Months _____ Days _____

17. Teaching Experience: _____(U.G/P.G Excluding C.H.B.)

 a. Degree College : Years _____

 b. P.G. Department : Years _____

18. Administrative Experience : Years _____ Months _____

19. Details of Courses **already attended:** (Pl. writes the dates carefully)

Courses	ASC/Institution	Date	
		From	To
Orientation Programme			
Refresher Courses	1.		
	2.		
	3.		
Short Term Courses	1.		
	2.		
Others			

20. Does your Institution belong to : Yes No

2(f)/12(B) of the UGC Act.

Declaration of Applicant

I hereby declare that all information furnished in this application form is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete or incorrect, my application/admission is liable to be rejected/cancelled at anytime.

Place _____

Date _____

(Signature of the Applicant)

ENDORSMENT BY AUTHORITY

I recommend Dr./Mr./Ms. _____ (Designation) _____
(Institution) _____ for
the Orientation Programme / Refresher Course / Short Term Course in _____
_____. He / She will be relieved on time to participate in the above
course at UGC- Human Resource Development Centre, SGBAU, Amravati, if selected. Certified
that this College is affiliated to _____ University
for the last five years. **Also certified that the details mentioned in the Application Form by him/her
were verified and found correct.**

Place: _____

Date: _____

Signature of Registrar /Principal
With Stamp

(Name: _____)

Important Notes :

1. C.H.B. experiences should not be counted while calculating the length of Service.
2. As per the revised guidelines from UGC, selected participants will have to pay registration fee (nonrefundable) of Rs. 1000/-
3. Incomplete form will be rejected.
4. It is mandatory to attend the course from inaugural programme of the course.
5. Details of pay band, grade pay & Due date of Placement & /date of First Full Time Appointment (See B-12, C-13, C,14)
6. Status of appointment should be written as per the appointment order of the institution / University if needs have to submit copy of appointment order.
7. Stamp of Authority/Principal is Mandatory.