

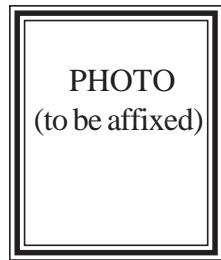
UGC-ACADEMIC STAFF COLLEGE

H.P. UNIVERSITY SUMMER HILL, SHIMLA-171 005

Application Format

Orientation Programme..... from to
or
Refresher Course..... from to

(Kindly, fill-up all the columns, Incomplete application will be rejected)



I PERSONAL INFORMATION

1. Name in Block Letters
Designation . Other.....
Subject Basic Pay.....

2. College/Department Address
..... District
State: Pin:

Phone No. STD Code Phone No.Fax No.....

3. Date of Birth :

4. Name of the Affiliating University:

Please Tick (✓) Appropriate

5. Sex :

6. Community : Others

7. Correspondence Address (othere than College/Dept. Address).....
.....
..... Dist..... State.....

Pin: Phone No. STD Code..... Phone No.

Mobile No. Email.....

II DETAILS OF TEACHING EXPERIENCE

1. Date of first Appointment:

2. Date of Regular Appointment:

3. Status of Appointment:

4. Teaching Experience :
(College & University)

5. Classes Handling:

6. Research Guidance:

Email : ascshimla@hotmail.com, Web: ascshimla.org



: 0177- 2830102  : 0177-2831364, , PBX: 2831998, 2830709, 2830635, Ext. 5540-44

DETAILS OF COURSES ATTENDED

Course	Institution	Period	
		From	To
Orientation Programmes			
Refresher Courses			
1.			
2.			
3.			

I hereby undertake to participate in the programme/course and to do the project work during the course under the guidance of resource persons and to accept the hospitality rendered by Academic Staff College apart from following the rules and regulations of the ASC. The particulars given above are true to the best of my knowledge and belief.

Place:

Date

Signature of the Applicant

CERTIFICATE OF RECOMMENDATION FROM THE PRINCIPAL

I recommend Dr./Mr./Ms. Lecturer / Senior Lecturer / Selection Grade Lecturer (Strike off which ever is not applicable) for the Orientation Programme/Refresher Course in
 If selected He/She will be relieved on time to participate in the above course at Academic Staff College. Certified that this college is affiliated to
 University for the last two years. Also certified that the details of courses attended by him/her are verified and found correct.

Place:

Date:

Signature of Principal/HOD
With Office Seal

FOR OFFICE USE ONLY

Selected for the Orientation Programme/ Refresher Course in
 commencing from

Place:

Date:

Director cum Professor