

ACADEMIC STAFF COLLEGE (NEAR BOYS HOSTEL NO. 7)  
PANJAB UNIVERSITY, CHANDIGARH -160014  
Ph: 0172-2541425, 2534031, 2534032, Fax: 2541425

ATTESTED  
PHOTOGRAPH

Application form for Orientation Course / Refresher Course in \_\_\_\_\_ (Subject)

From \_\_\_\_\_ to \_\_\_\_\_ (Dates)

**INCOMPLETE FORMS WILL BE CANCELLED WITHOUT INTIMATION.**

NAME: Dr/Mr/Ms \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Name of College/University: \_\_\_\_\_  
With phone/fax No. \_\_\_\_\_

Affiliating University: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
With phone/ Mob No. /fax/e-mail \_\_\_\_\_

CAREER PROFILE: \_\_\_\_\_

State Whether OBC/ST/SC: \_\_\_\_\_

Qualification: \_\_\_\_\_

Designation: Lecturer/Sr. Lecturer/Selection Grade Lecturer/Assistant Professor/Associate Professor

Teaching Subject: \_\_\_\_\_ Specialization \_\_\_\_\_

Status of appointment: Adhoc/Temporary/Permanent/Teacher Fellow or not \_\_\_\_\_

Date of joining in present/earlier service if any \_\_\_\_\_

Orientation Programme Not Attended/Attended (Tick mark as applicable)

Attended from \_\_\_\_\_ to \_\_\_\_\_ (Date) at \_\_\_\_\_ (Place), Grade \_\_\_\_\_

Ist Refresher Course Not Attended/Attended (Tick mark as applicable)

Attended from \_\_\_\_\_ to (Dates) at \_\_\_\_\_ (Place), Grade \_\_\_\_\_

Date of senior scale: Granted w.e.f. \_\_\_\_\_ / not Granted but due w.e.f. \_\_\_\_\_

Granted with a rider to attend OC/RC (attach copy of letter)

2<sup>nd</sup> Refresher Course: Not Attended/Attended (Tick marks as applicable)

Attended from \_\_\_\_\_ to \_\_\_\_\_ (Dates) at \_\_\_\_\_ (Place), Grade \_\_\_\_\_

3<sup>rd</sup> Refresher Course: Not Attended/Attended (Tick mark as applicable)

Attended from \_\_\_\_\_ to \_\_\_\_\_ (Dates) at \_\_\_\_\_ (Place), Grade \_\_\_\_\_

Date of Selection Grade: Granted w.e.f. \_\_\_\_\_ /not Granted/ due w.e.f. \_\_\_\_\_

Granted with a rider to attend one RC (attach copy of the letter)

Accommodation required at ASC transit hostel: \_\_\_\_\_

The above information is true to my knowledge and I shall be responsible for any false statement.

Signature of the Applicant

I certify that:

Our college is included in the list of institutions under section 2(f) of the UGC Act.

Our college does not come within the purview of section 2(f) of the UGC Act but has been affiliated to the University of \_\_\_\_\_ for the last 5 years/ more than 5 years.

The information given above by the applicant is true, complete and correct and his/her selection has been approved by the concerned authority.

The application is forwarded with the recommendation that when selected he/she will be relieved in time to participate in the course.

Dated \_\_\_\_\_

Signature  
Principal/Head/Registrar  
Official Seal