



**UNIVERSITY GRANTS COMMISSION  
HUMAN RESOURCE DEVELOPMENT CENTRE  
UNIVERSITY OF MADRAS**



Chennai - 600 005.

Tel. (Off) : 91-44-25399469 / 9505 / 9670 / 9558  
Telefax : 91-44-25380585 Website : www.unom.ac.in/asc

DD for Rs.1000/- as  
Registration fee should be  
drawn in favour of Director,  
UGC HRDC, University of  
Madras, payable at Chennai

D.D. No. : \_\_\_\_\_

Name of the Bank : \_\_\_\_\_

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Cash Receipt No. : \_\_\_\_\_

**Application for Orientation Programme /  
Refresher Course / Short Term Course / Special Course**

Course Applied for	Dates	Batch No.

Affix your  
Passport  
Size Photo.  
Application will  
not be entertained  
without  
photograph

1. Name of the Teacher (in Block Letters) :
2. Date of Birth & Age :
3. Gender : Male / Female
4. Educational Qualifications :
5. Community : ST/SC/MBC/BC/OC
6. Designation : Asst. Professor / Associate Professor
7. Department :
8. Address for Correspondence :  
College / University : ..... Residence: .....  
.....  
Pincode .....  
Phone ..... Fax .....  
Mobile: .....  
E-mail .....  
E-mail .....
9. Type of the Educational Institution : Non-Autonomous/Autonomous/Self Financial/  
Aided / Government / University Dept.
10. Name of the Affiliating University :
11. Date of Appointment :
12. Nature of Appointment : Regular / Probation / Temporary
13. Teaching Experience : U.G.:      Years:PG:      Years: Total:      Years
14. Details of promotion due, if any :
15. Area of the Interest of the Applicant :
16. Whether accommodation is required : Yes / No  
at HRDC GUEST HOUSE
17. Details of Courses Attended :

Course	Dates	Name of the HRDC (ASC)
OP		
RC		
Short Term Course		

Declaration : The particulars which are given above are true to the best of my knowledge and belief.

Place :

Date :

Signature of the Applicant

**CERTIFICATE OF RECOMMENDATION FROM THE PRINCIPAL/HEAD OF THE UNIVERSITY**

I hereby certify that Dr. / Mr. / Mrs ..... is interested in undergoing the Orientation / Refresher Course and that he / she will be relieved in time to participate in the above course at HRDC, University of Madras. I also certify that to the best of my knowledge the information given above is correct and that our college comes under purview of section 2(f) of the UGC Act.

Place :

Date :

Signature of the Principal / Head of the University / Registrar  
(Office Seal)

**FOR OFFICE USE**

Application Received Date :

DD( ) : Attached / Not attached

Received by :

Director