



**UGC-Malaviya Mission Teacher Training Centre
UNIVERSITY OF JAMMU, JAMMU-180006**

(Phone: 0191-2435220

Email:ugcascjammu@gmail.com)

Affix Pp
duly
attested by
.....

**APPLICATION FOR FIP / REFRESHER / SHORT TERM FACULTY DEVELOPMENT
PROGRAMMES/WORKSHOPS**

Application for Course.....

A. PERSONAL INFORMATION

| | |
|-----------------------------|-------------------------------------|
| Name of Applicant: | |
| Date of Birth : | |
| Gender(Tick) | Male /Female /Transgender |
| Qualification(Tick) | Masters Degree /M.Phil /Ph.D |
| Category(Tick) | General /SC /ST /OBC /Others |
| Address(For Correspondence) | |
| Email Id: | |
| Mobile No. (Compulsory) | |

B. DETAILS OF EMPLOYMENT

| | |
|--|--|
| Present Designation and Pay Scale/Fellowship | |
| Department/College/School/Block | |
| Present Place of Posting/Work and Discipline/Subject/Specialization | |
| Complete Address of Employer/Principal/HOD/Registrar with Contact Number (including State) | |
| Address*(Give Complete Postal Address with PIN for postage of CERTIFICATE) | |
| Affiliation of College/Department with University | |
| Date of First Appointment in College/University(Contractual),if applicable | |
| Date of First Appointment in College/University(Permanent),if applicable | |
| Total Teaching/Research experience at UG/PG levels | |
| If M.Phil/Ph.D Scholar, then date of Enrollment | |

**C. DETAILS OF PREVIOUS EXPERIENCE IN ATTENDING
ORIENTATION/REFRESHER COURSE/PROGRAMME
(If applicable)**

| | | | |
|-----------|---|-----------------|-----------------|
| A. | FIP Attended | Dates of Course | Organizer/MMTTC |
| (i) | | | |
| (ii) | | | |
| (iii) | | | |
| (iv) | | | |
| B. | Refresher Courses Attended(Including Interdisciplinary) | Dates of Course | Organizer/MMTTC |
| (i) | | | |
| (ii) | | | |
| (iii) | | | |
| C. | Any Other FDP(Write details below) | | |
| (i) | | | |
| (ii) | | | |
| (iii) | | | |

I hereby undertake to participate in the course and do the assignment/assessment work during the course under the guidance of Resource Persons/MMTTC and abide by the rules and regulations of University/UGC-MMTTC and certify that all information given above is true and to best of my knowledge.

Date.

Signature of the Applicant

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

- 1) I recommend Dr./Mrs./Ms/Mr-----
for participation in the -----course.
He /She will be relieved in time to participate in the above mentioned course at Malaviya Mission Teacher Training Centre, University of Jammu, if selected;
- 2) Certified that this College/Department/School/Unit is affiliated to -----
-----University /Autonomus/Deemed University, and is recognized under section 12 (F) of the UGC Act.
- 3) Certified that the particulars given above are true and correct and nothing has been concealed there to.

Date -----

**Signature of the Head/Principal/Registrar
Office Seal**

| For Office | |
|------------|-------------|
| Allowed | Not Allowed |

Comments:

S.O.

Director