

**UGC-ACADEMIC STAFF COLLEGE  
DR. BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY  
AURANGABAD – 431004**

**APPLICATION FORM FOR PARTICIPATION IN THE UGC-SPONSORED COURSE**

REFERSHER COURSE	Subject	Course No.		Photograph
ORIENTATION COURSE	Course No.			
Comencement of the Course For which admission is sought	Day	Month	Year	
1 Name of Applicant (in CAPITAL letters )	Surname	First Name	Father's/Husbands Name	
2 Designation		Subject		
3 Qualification				
4 Date of Birth				
5 Pay Scale		Present basic pay:		
6 College/Unit Deptt. (address with PIN code)				
			Phone :	
7 Residential Address With PIN code				
			Phone :	
8. Mobile No.		Email:		
9 Name of affiliating University				
10 Date of first appointment as Lecturer In Senior College	Day	Month	Year	
11 Teaching experience as full-time Lecturer	Undergraduate			
	Post-Graduate		Total	

(P.T.O.)

12 NATURE OF APPOINTMENT : PERMANENT  TEMPORARY   
 ADHOC  CONTRACT BASIS   
 13 Whether belongs to : SC  ST  NT/VINT  OBC  OPEN

14 Have you attended any Course so far:

If Yes

(a) Orientation Courses : Courses Attended up-till-now

No. of Course Attended	Month & Year	Name of ASC/University

(b) Refresher Courses :  
 Subjects

No. of Course Attended	Month & Year	Name of ASC/University

15 Why you need admission in this course?  
 .....

**Undertaking by the Teacher**

The information given by me as above is correct and if selected I undertake to participate in all the academic sessions and assignment work during the course and will abide by the rules and regulations of the UGC-ASC

Place :

Date : Signature and Name of the Applicant

**CERTIFICATE**

I Have verified the above information given by the applicant and found correct as per the college record.

Certified that this college is covered Under 2F/12B of the UGC Act and / or affiliated to .....  
 .....University since.....and the teacher applicant will be relived if  
 admitted to the Orientation Course/Refresher Course :

Place :

Date : Signature o the Principal  
(Stamp of the College)