



கல்விப் பணியாளர் கல்லூரி  
பாரதியார் பல்கலைக்கழகம் கோயம்புத்தூர் 641 046  
UGC- ACADEMIC STAFF COLLEGE  
BHARATHIAR UNIVERSITY, COIMBATORE – 641 046



Application for Orientation / Refresher Course in.....from ..... to .....

REGISTRATION FEE	
The Application should be sent along with a <b>non-refundable DD</b> for Rs.500/- drawn in favour of the Director, UGC-ASC, Bharathiar University, Coimbatore (payable at Coimbatore).	
<b>DD No:</b>	<b>Dt :</b>
<b>Bank:</b>	

Affix a Photograph
-----------------------

01. Name of the Teacher (**in Block Letters**): \_\_\_\_\_
02. Date of Birth & Age : \_\_\_\_/\_\_\_\_/\_\_\_\_
03. Community : SC / ST / MBC / BC / OC
04. Qualification : P.G / M.Phil / Ph.D.
05. Designation : Lecturer / Sr. Lecturer /Lecturer (SG)/ Reader
06. Department : \_\_\_\_\_
07. Date of appointment : \_\_\_\_/\_\_\_\_/\_\_\_\_
08. Teaching Experience : UG: \_\_\_\_ PG: \_\_\_\_ TOTAL YEARS: \_\_\_\_

**Official Address**

**Residential Address**

..... ..... ..... Phone (Mobile)..... E-mail .....	..... ..... ..... Phone .....
--	--

**NB:** All the dates for Refresher Courses/Orientation Courses are **Tentative**. As per the UGC regulations, if there is no sufficient number of participants for a particular programme, the Application and Registration fee will be carried over to the subsequent programme. **The DD will not be returned unless the course is cancelled in the scheduled year.**

Date:

Signature of the Applicant

**RECOMMENDATION OF THE FORWARDING AUTHORITY**

I hereby certify that the information furnished above by the teacher is correct.

I recommend Dr. / Mr. / Mrs. / Miss \_\_\_\_\_ for the Orientation / Refresher Course in \_\_\_\_\_ commencing from \_\_\_\_\_. He / She will be relieved in time to participate in the aforesaid course at the Academic Staff College, if selected.

Office seal with date

Name & Signature of the  
Forwarding Authority with Seal