



UGC - MALAVIYA MISSION TEACHER TRAINING CENTRE (MMTTC)

PANJAB UNIVERSITY, CHANDIGARH – 160014

Telephone No.: +91 172 2534032, Email Id: mmttcuchd@gmail.com



ज्ञान-विज्ञान विमुक्तये

Application Form for Refresher Course

Course Name _____
From _____ to _____ (Dates)

Please Note: Incomplete / Incorrect filled Application Form will be cancelled without intimation.

Name: Mr/Ms. _____

Date of Birth: _____ Male/Female/Transgender _____

Category (GEN./SC/ST/OBC): _____ State _____ Nationality _____

Name of College/University: _____

With Phone/Fax No. _____

Affiliating University: _____

Residential Address: _____

Mobile No.: _____ Email Id: _____

Qualification: _____

Designation: Lecturer Stage I/ Lecturer Stage II/ Lecturer Stage III/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/ Faculty Induction Programme: Not Attended/Attended (Tick Mark as Applicable)

Attended From _____ to _____ (Date) at _____ (Place), Grade _____

1st Refresher Course Not Attended/Attended (Tick Mark as Applicable)

Attended From _____ to _____ (Date) at _____ (Place), Grade _____

Attended From _____ to _____ (Date) at _____ (Place), Grade _____

Attended From _____ to _____ (Date) 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).

Date of promotion for the next grade _____

Accommodation required at MMTTC 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 institution under section 2(f) and 12(b) of the UGC Act (Attach the certify copy with Application Form).

Or

Our college does not come within the preview of section 2(f) and 12(b) of the UGC Act but has been affiliated to the University of _____ for the last 5 years/ more than 5 years (Attach the certify copy with Application Form). 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
with Official Seal