

U.O .No.CD1/I.S.C./2018

P.D. Hills, Dated, 12/11/2018

Notification

As per decision taken by the Syndicate, Mahatma Gandhi University and as per U.O No CD1/I.S.C/2018, dt. 22/10/2018 it has been decided to conduct a Two weeks workshop on Research Methodology for Teachers of affiliated colleges and University Department as per details mentioned below

Period of workshop: Two weeks from 3rd December 2018 to 17th December 2018

Teachers are requested to download the application form available at the Mahatma Gandhi University website. Scanned copy of Duly filed up applications countersigned by Head of Institution to be submitted to the Director, College Development Council through e-mail (dcdc@mgu.ac.in) on or before 17.00 hours at 20/11/2018. Application to be scrutinised on 21/11/2018 and preference to be given to faculty who have to complete the requirements of completing such programs by December 31st 2018. **Selected faculty members will be informed about the selection by e-mail and will have to complete the registration by online payment of the required fees for the workshop by 24/11/2018.**

The Registration fees for the workshop is Rs 5000/- (Rupees Five thousand only) to be paid online only

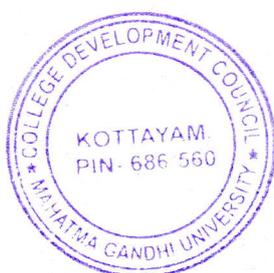
Details of Bank account will be e-mailed to faculty members who have been selected for the workshop

Selected Faculty members who do not pay the fees by required time will be removed from the list and those have been listed in the waiting list will be intimated by e-mail. All communications with the final participants will be through e-mail only hence all the applicants are requested to provide their valid e-mail id in the application form



Director

College Development Council



Phone: 0481 2731013

MAHATMA GANDHI UNIVERSITY
Priyadarshini Hills, Kottayam-686 560
(Established by Kerala State Legislature by
Notification No.3431/Leg.CI/85/Law, Dated: 17th April
1985)

Photo
(attested by
Principal/Dire
ctor)

**Application form for In Service Training Programme for Teachers of
Affiliated College/University Department**

Name of Applicant (In capital letters):

Designation with Department & College/University Department:

Subject of specialization:

Residential address:

Phone: Land

Mobile

Email Id

Academic Qualifications (PG onwards with name of University, % of marks, year of passing)

Service details: Date of first appointment:

Date of continuous service:

Total experience:

Basic pay:

Teaching experience:

Research experience:

Publications:

Details of Participation in Examination duties:

Details of refresher/ orientation courses attended:

Whether next promotion is due & due date of promotion:

Any other information:

I declare that the above information is correct. Career promotion is pending due to non-participation of one/two refresher courses.

Place

Date

Name & Signature

Certified that Dr/ Sri/ Smt.....is
a permanent faculty of this college/ University. He/ She will be relieved from the institution for the
full duration of the course. This institution is included under section 2(f) and 12B of the UGC Act,
1956 and has been affiliated toUniversity for the
lastyears.

Place

Date

(Seal)

Principal/ Registrar