

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: 17<sup>th</sup> April 1985)*

Photo (attested by Principal/ Director)
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**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 to .....University for the last .....years.

Place

Date

(Seal)

Principal/ Registrar