

APPLICATION FORM

(Application form for admission to the **Workshop in Computer Application for College Teachers**)

1. Full Name (Block Letters) : Dr/Mr./Mrs. ....
2. Name of the College/University : .....
3. Designation : Lecturer  Senior Lecturer/Reader
4. Date of Birth : .....
5. Gender : Male  Female
6. Address for Correspondence : .....
- .....
- Phone .....
- E-Mail .....
7. Nature of Appointment : Regular  Temporary
8. Category : SC  ST  OBC
- General
9. Teaching Experience as Lecturer : ..... (years) ..... (months)
10. Refresher Courses/ Orientation Courses Attended :

Name of the ASC	Course	Dates (from-to)

11. Whether accommodation is required in the Mizoram University Guest House : Yes/No

*Signature of the Applicant*

I hereby certify that,

- i) Our College comes under the purview of Section 2(f) of the UGC Act or has been affiliated to ..... for at least five years.
- ii) The applicant has the teaching experience of ..... years in Undergraduate/Post Graduate Course(s).
- iii) The details of his/her attendance are Refresher Course are entered in the Service Register.
- iv) The application of Dr/Mr./Mrs. .... for Workshop in Computer Application for College Teachers is forwarded and recommended to the Director, UGC-HRDC, Mizoram University, Aizawl for consideration. If selected, he/she will be relieved in time to participate in the above course.

*Signature of the Principal/HoD*

*(with Seal)*