



# MHRD-Teaching Learning Centre (TLC) UNIVERSITY OF CALICUT

**Calicut University. P.O, 673 635, Kerala.**

(Established under PMMMNMTT Scheme, MHRD, Govt. of India)

## Application form for Admission to

- INDUCTION TRAINING PROGRAMME  
From ..... To .....
- SHORT RUN COURSE in (Subject).....  
From..... To .....
- MID RUN COURSE for .....  
From ..... To .....

### I. PERSONAL INFORMATION:

1. Name (in Block letters) .....

2. Date of Birth                      Date                      Month                      Year  
                                             

3. Sex                       Male                       Female

4. Educational Qualifications .....

5. Community                       SC                       ST                       Others

6. Mailing Address  
(For correspondence regarding this application form)

House/Flat No	
Locality	
Town	
District	
State	
Pin code	
Phone (with code)	
Mobile No	
email	

7. Residential Address .....

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### II. DETAILS OF EMPLOYMENT:

1. Designation .....

2. Department .....

3. Basic Pay & Scale of pay .....

4. Address of College/University .....

.....

Pin Code: ..... Phone: .....

5. Name of Affiliating University.....

**III. DETAILS OF TEACHING EXPERIENCE:**

1. Date of First Appointment      Date      Month      Year  
 [ ][ ]      [ ][ ]      [ ][ ][ ][ ]
2. Date of Regular Appointment      [ ][ ]      [ ][ ]      [ ][ ][ ][ ]
3. Status of Appointment       Permanent       Temporary       Ad-hoc

**IV. DETAILS OF COURSES ATTENDED:**

Course	Institution	Period	
		From	To
Orientation Programme			
Refresher Courses	1.		
	2.		
	3.		

V. Whether accommodation in the University Campus is required or not.....

Place:

Date :

**Signature of the Applicant**

**CERTIFICATE OF RECOMMENDATION FROM THE HEAD OF THE INSTITUTION**

Certified that Dr./Mr./Ms. .... is working as (designation) ..... in permanent/temporary/ad-hoc (Full time/Part time) basis and that the details furnished above by the applicant are true and correct. He/She will be relieved of from this institution for the duration of the course, if selected. Certified also that this institution is entitled to receive UGC grant under section 12(B)2(f) of the UGC Act.

Place:

Date:

Office Seal

**Principal/Registrar**

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**For office use only**

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Selected for ..... IP/SR/MR

beginning on ..... joined on .....

**Assistant**

**Section Officer**

**Director**