

## **CENTRE FOR**

## ACADEMIC LEADERSHIP AND EDUCATION MANAGEMENT UGC Human Resource Development Centre

Aligarh Muslim University

Aligarh-202002 (UP)

Phone: 0091-571-2400991, 0-9045336280, E-mail: calemhrdcamu@gmail.com

Web: www.calemhrdcamu.in

|     | Applica  | ration Form for Admission to    Serial No:              |
|-----|--|---|
|     | Course No  | Горіс   |
|     | Beginning on   | Finishing on  |
|     | • .  |   |
| I F | PERSONAL INFORMATION                                   |   |
| 1.  | Name : (in block letters)                              | Surname/ Family name  Name                              |
| 2.  | Date of Birth :  | Date Month Year   |
| 3.  | Sex :  | Male Female   |
| 4.  | Educational Qualifications:                            |   |
| 5.  | Religion :   | Buddhist Christian Hindu Jain  Muslim Parsi Sikh Others |
| 6.  | Mailing Address :H                                     | Iouse/Flat No.  |
|     | (For Correspondence : regarding this Application Form) | Locality: Town: DISTRICT STATE PIN  Phone No.: STD Code |
| 7.  | Residential Address :                                  | email:  |

Photo

| II Details of Employment        |   |     |
|---------------------------------|---|-----|
| 1. Designation                  | :   |     |
| 2. Department                   | :   |     |
| 3. Basic Pay & Scale of Pay     | :   |     |
| 4. Address of the workplace:    |   |     |
|                                 | District: State: PIN  |     |
|                                 | Phone No.: STD CodeTel:   |     |
|                                 | Fax email:  |     |
| 5. Name of the Ministry/ Aff    | liating University:   |     |
| III Details of Professional E   | kperience   |     |
| Total Experience (Years):       |   | ••  |
| Date :                          | Signature of the Participa  | .nt |
|                                 | OMMENDATION FROM THE AUTHORITY / HEAD OF THE DEPARTMENT             |     |
| I recommend Dr./Mr./Ms.         |   | ••• |
| (Designation)                   |   | ••• |
| (Department/Institution)        |   |     |
| for the Training                | ag Programme in He/She will   | be  |
|                                 | e in the above course, if selected. It is certified that this Colle |     |
| is affiliated to (if applicable |   | ive |
| years. Also certified that the  | details furnished by him/her were verified and found correc         | t.  |
|                                 |   |     |
|                                 |   |     |
| Date:                           | Signature of the Authority With Official Seal                       |     |