



UGC-HUMAN RESOURCE DEVELOPMENT CENTRE (HRDC), PANJAB UNIVERSITY, CHANDIGARH – 160014
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Application Form for Training/Workshop of Academic Administrators

Course Name: _____

From _____ to _____ (Dates)

*Attested
Photograph
Affix Here*

Incomplete Form will be cancelled without intimation

Name: Dr/Mr/Ms. _____

Date of Birth: _____ Male/Female/Transgender _____

Category (GEN./SC/ST/ OBC): _____ State _____ Nationality _____

Qualification: _____

Date of joining as Academic Administrator: _____

Name of College/Department: _____

With Phone/fax No.: _____

Residential Address: _____

Phone/Mob No. /E-Mail: _____



The above information is true to my knowledge and I shall be responsible for any false statement.

Signature of the Applicant
With Official Seal

I certify that:

The information given above by the applicant is true, complete and correct. The application is forwarded with the recommendation that when selected he/she will be relieved in time to participate in the course.

Dated _____

Signature
The Concerned Authority
with Official Seal