



SCHOOL OF EDUCATION,
CENTRAL UNIVERSITY OF GUJARAT, SECTOR-29,
GANDHINAGAR-382030



PMMMNMTT, SCHOOL OF EDUCATION, CENTRAL UNIVERSITY OF GUJARAT,
SECTOR-29, GANDHINAGAR-382030

APPLICATION / REGISTRATION FORM

Programme Name:

Date of Programme:

For Faculty in University / College / Institute

Please read the Instructions before filling in this form:

- This form must be filled in completely and no column should be left blank.
- This form must be forwarded through proper channel.
- Certificate will be given to those participants who attend all session.
- Only those teachers who are selected for the programme will be informed programme schedule.
- The teachers may apply on www.nmtt.gov.in and E-mail: pmmmnmttse@cug.ac.in followed by hard copy to The Project Director, PMMMNMTT, School of Education, Central University of Gujarat, Sector-29, Gandhinagar-382030

1	Name of the Applicant: (IN BLOCK LETTERS)
2	Designation:
3	Name of the University / College: If, College Affiliating University Name:
4	Date of Joining of the University / College:
5	Total Experience (YY/MM): a). Teaching b). Research
6	Nature of Appointment (✓): a).Permanent b). Adhoc c).Part-time d). Contract e). Any other
7	Type of College / University (✓): a). Govt. b). Govt-Aided c). Autonomous d). University Dept. e). Any other
8	DoB (DD/MM/YYYY): Sex: Male Female
9	Category: Gen./OBC/SC/ST PwD: Yes / No
10	Official Address with Pin Code: Phone No. & Email :
11	Home Address with Pin Code: Phone No. & Email:
12	Subject: Qualification:
13	Would you require accommodation facilities during the workshop: Yes/ No
14	Bank Details: Aadhaar No.: Name of Account Holder: Bank & Brach & Name : Account No.: IFSC Code:

DECLARATION/UNDERTAKING

I hereby declare that all information furnished in this application /registration form is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete or incorrect, my registration is liable to be rejected/cancelled. I undertake to abide by the rules/guidelines of the School of Education, Central University of Gujarat and to commit solely to the programme during the full duration.

Place

Date

(Signature of the Applicant)

Recommendation of the Forwarding Authority:-

Certified that the applicant Mr./Mrs. Dr. _____ is a Faculty, in the Department of _____ in _____ (name of the University/college/ institution). His/her application is hereby forwarded for participation in the above programme organized by the School of Education, under PMMMMNMTT Central University of Gujarat, Gandhinagar.

I hereby certify that: Please Tick (√) whichever is applicable

- i. Our College/University is included in the list of institutions under Sec.2 (f) of the UGC Act;
- ii. Our College comes in the purview of the Section 12 (B) of the UGC Act.
- iii. Our College affiliated to the University of for at least 2 years;
- iv. The application of the above named teacher is forwarded with the recommendation that when selected, he/she will be relieved in time to participate in the above programme and will be treated on Duty.

Signature of Principal/Head of Institution

Date..... (With rubber stamp)

For office Use

Date of Receipt:

Selection:

Remarks, If any:

Signature: