APPLICATION FORM FOR
Academic Leadership Training Program
(Please fill the form in BLOCK LETTERS)

Please tick the relevant group:  
Group A: April 16-19, 2018
Group B: April 23-28, 2018

I PERSONAL INFORMATION

1. Name:  
   (in block letters)
   Surname/ Family name

2. Date of Birth:  
   Date ☐ ☐ ☐ Month ☐ ☐ Year ☐ ☐ ☐ ☐

3. Gender:  
   ☐ Male  ☐ Female

4. Highest Educational Qualification:  

5. Mailing Address:  
   (For Correspondence regarding this application)
   House/Flat No:  
   Locality:
   Town:
   District:  
   State:  
   PIN:  
   Contact No.:  
   Email ID:

6. Residential Address:  

7. Food Preference:  
   Veg ☐  Non-Veg ☐
II DETAILS OF EMPLOYMENT

1. Designation: ...........................................................................................................

2. Department: ...........................................................................................................

3. Basic Pay & Scale of Pay: ........................................................................................

4. Address of College/University: ................................................................................
   District: .................................. State: ....................... PIN: ..................

5. Name of Affiliating University: ..............................................................................

III DETAILS OF TEACHING/ADMINISTRATIVE EXPERIENCE

1. Date of first Appointment: ......................................................................................

Date: .................................................. ..................................................

Signature of the Participant

CERTIFICATE OF RECOMMENDATION FROM THE PRINCIPAL/HEAD OF THE DEPARTMENT

I recommend Dr./Mr./Ms. .......................................................... ........................................
(Designation) ..............................................................................................................
(Institution) ..................................................................................................................

for the Academic Leadership Training Program. He/She will be relieved on time to participate in the above course at Aligarh Muslim University Murshidabad Centre, Murshidabad, West Bengal, if selected.
Certified that this College is affiliated to ................................................................. University
for the last five years.

Date: .......................................................... ..................................................

Signature of the Principal/Vice Chancellor
With Official Seal

Kindly send complete application form to:
Director, AMU Murshidabad Centre, Jangipur Barrage (Ahiron), Murshidabad - 742223, West Bengal
Scanned copy of the form can also be sent through email at director.amucm@gmail.com