APPLICATION FORM FOR
Academic Leadership Training Program
September 10-13, 2018
(Please fill the form in BLOCK LETTERS)

1 PERSONAL INFORMATION

1. Name: (in block letters)

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. Category:  
   - Gen  
   - SC  
   - ST  
   - OBC

8. Food Preference:  
   - Veg  
   - Non-Veg

9. Accommodation Required (Subject to availability):  
   - Yes  
   - No

   If Yes, From: ____________  To: ____________

For Office Use Only

- Serial No: .................
- Reg. No. .................

Photo
II DETAILS OF EMPLOYMENT
1. Designation: 

2. Position Holds: 
   - Vice-Chancellor
   - Pro VC
   - Director
   - Dean
   - Chairman
   - Principal
   - Vice-Principal
   - HoD
   - Any Other

3. Department: 

4. Basic Pay & Scale of Pay: 

5. Address of College/University: 

   District: ................. State: ................. PIN: .................

6. 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 AUTHORITY
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 jilani.atif@gmail.com