



**MHRD-Teaching Learning Centre (TLC)**  
**UNIVERSITY OF CALICUT**  
**Calicut University. P.O, 673 635, Kerala.**  
(Established under PMMMNMTT Scheme, MHRD, Govt. of India)  
**Application form for Admission to**

1. SHORT RUN COURSE (3 Days) in (Subject).....  
From..... To .....
2. SHORT RUN COURSE (1 Week) in (Subject).....  
From..... To .....
3. INDUCTION TRAINING PROGRAMME (1 Month)  
From ..... To .....
4. MID RUN COURSE (3 Months) for .....  
From ..... To .....

**I. PERSONAL INFORMATION:**

1. Name (in Block letters) Mr/Mrs/Ms/Dr. ....

2. Date of Birth                      Date                      Month                      Year  
   

3. Sex                      ☐ Male                      ☐ Female

4. Educational Qualifications .....

5. Community                      ☐ SC                      ☐ ST                      ☐ OBC                      ☐ Others

6. Mailing Address  
(For correspondence  
regarding this  
application form)

|                   |  |
|-------------------|--|
| House/Flat No     |  |
| Locality          |  |
| Town              |  |
| District          |  |
| State             |  |
| Pin code          |  |
| Phone (with code) |  |
| Mobile No         |  |
| email             |  |

7. Residential Address .....

8. Aadhaar Number .....

**II. DETAILS OF EMPLOYMENT:**

1. Designation .....

2. Department .....

3. Basic Pay & Scale of pay .....

4. Address of College/University/School .....

Pin Code: ..... Phone: .....

**III. DETAILS OF TEACHING EXPERIENCE:**

1. Date of First Appointment      Date      Month      Year
2. Date of Regular Appointment
3. Status of Appointment      ☐ Permanent      ☐ Temporary      ☐ Ad-hoc
4. Date & Stage of next promotion due (if applicable).....

**IV. DETAILS OF COURSES ATTENDED:**

| Course                | Institution | Period |    |
|-----------------------|-------------|--------|----|
|                       |             | From   | To |
| Orientation Programme |             |        |    |
| Refresher Course      | 1.          |        |    |
|                       | 2.          |        |    |
|                       | 3.          |        |    |

V. Whether accommodation in the University Campus is required    Yes/No.....

Place:

Date :

Signature of the Applicant

**CERTIFICATE OF RECOMMENDATION FROM THE HEAD OF THE INSTITUTION**

Certified that Dr./Mr./Ms ..... is  
 working as (designation) .....  
 in permanent/temporary/ad-hoc (Full time/Part time) basis and that the details furnished  
 above by the applicant are true and correct. He/She will be relieved of from this institution for  
 the duration of the course, if selected.

Place:

Date:

Office Seal

Principal/Registrar

**For office use only**

Selected for .....IP/SR/MR

beginning on ..... joined on .....

Assistant

Section Officer

Director