



ज्ञान - विज्ञानं विमुक्तये

UNIVERSITY GRANTS COMMISSION
UGC : HUMAN RESOURCE DEVELOPMENT CENTRE

Saurashtra University

Opp. Girnar Boys Hostel, University Campus,
Rajkot - 360 005, Gujarat - India



Phone : 0281-2577679, Fax 0281-2585204, Website : www.hrdcrakjot.org - E-mail : info@ascrajkot.org - kaladhar@ascrajkot.org

To
The Director,
UGC: Human Resource Development Centre,
Saurashtra University,
Rajkot - 360 005.

Affix
your
recent
Passport size
Photograph

Sir,

I wish to join the OP / RC / STC / FIP on _____
commencing from _____ to _____. I shall abide by the terms and conditions of
the course/programme and will attend each and every session and will participate in every possible way.

- **Name (start with surname)** : _____
- **Designation** : _____
- **Subject** : _____ **Faculty** _____
- **College / Department** : _____
- **Telephone No. (Office)** : _____
- **Name of Affiliating University** : _____
- **Residential Address** : _____

- **Telephone No. (Res.)** : _____
- **Mobile No.** : _____
- **Email ID** : _____
- **Date of Birth** : _____
- **Sex** : Male / Female
- **Category** : OPEN / SC / ST / OBC / MINORITY
- **Status** : On Probation / Permanent
- **Date of Joining** : _____

- **Type of the College** : Government / Grant in Aid / Self Finance
- **Particulars of Orientation Programmes / Refresher Course completed by me so far**
 OP : _____ University : _____ Date : _____
 RC : _____ University : _____ Date : _____
- **Bank Details (for TA - DA Amount) :**
 Name of the Bank : _____ Branch : _____
 A/c No. : _____ IFSC Code : _____
- **Enclosed DD No. _____ Dated _____ Bank _____ of Rs. 1000/- in favour of "Director, UGC:HRDC", Rajkot.**
- **The particulars given above are correct and I accept full responsibility for the same.**

Yours Faithfully,

Date :

Signature

FOR THE USE OF THE COLLEGE PRINCIPAL / AUTHORITY

I allow Mr./Mrs./Ms./Dr. _____ to attend
 The OP/RC/STC/SSS/SWS/FIP No. _____ during Dt. _____ to Dt. _____. This is to certify that
 our college/institution/organization is affiliated to _____ University and recognized under
 Section 2(f) & included under Section 12(B) of UGC Act 1956, vide letter No. _____
 dated _____ received from University Grants Commission, New Delhi. The above information provided is
 true to our knowledge and if found to be otherwise, the concerned who is attending the course/programmes organized
 by UGC:HRDC, Saurashtra University will not be entitled for his/her TA/DA as per the new UGC Guidelines for HRDCs.

Name and Address of Institution :

(Signature of the Principal or Statutory Authority)



Pin :

- **Part time / Ad hoc / Temporary / Contract teachers who have been teaching for at least three academic sessions in an institution which has been affiliated to a University for at least two years may be permitted to participate in the OP / RC / STC / FIP to enhance their skills.**