



UGC-Academic Staff College
North-Eastern Hill University, Shillong - 793022

Registration Form for STC

Course Name:.....

Dates: From to

1. Name (Mr/Ms/Dr):.....
2. Date of Birth (dd/mm/yyyy):..... Gender: Male Female
3. Category: SC ST OBC General Others
4. Educational Qualification:..... Designation:.....
5. Subject:..... Specialization:.....
6. Department/Institution:..... Place:.....
7. Teaching/Working Experience: Years Months
8. If a Research Scholar, program of study (M. Phil./Ph. D.):..... Year of joining:.....
9. Phone (With STD code): (O).....(R).....(M).....
 Fax:..... E-mail:.....
10. Mailing Address:.....
 City:..... PIN:..... State:.....
11. Residential Address:.....
 City:..... PIN:..... State:.....
12. Food Preference: Veg. Non-veg.

Paste one recent photo here and enclose one more photo on the form (1+1 Photos)

Place:..... Date:..... Signature of the Applicant

For Research Scholars only:

This is to certify that Mr/Ms is a Research Scholar registered for the M. Phil./Ph. D. programme in the Department of and his/her application is forwarded and recommended to the Director, UGC-ASC, NEHU, Shillong for consideration. If selected for the course, he/she will be allowed to participate in the above course.

Place:

Signature of the HOD

Date:

Seal:

For others:

I hereby certify that:

- a). The applicant has the teaching/working experience ofyears in Undergraduate/Postgraduate course(s).
- b). The information provided by the applicant are as per our record.
- c). The application of Mr/Ms/Dr for the Short-term Course is forwarded and recommended to the Director, UGC-ASC, North-Eastern Hill University, Shillong for consideration. If selected, he/she will be released in time to participate in the above course.

Place:

Signature of the Principal/Head

Date:

Seal: