



**Faculty Development Centre, M.D.University, Rohtak
(Under P MMMNMTT by MHRD, Delhi)
Application Form for various Programs**



| | | | | |
|--|----|------------|-----|---------|
| 1) Name of Applicant | | | | |
| 2) Name of Course/ Programme with dates (you wish to attend) | | | | |
| 3) Organization/ Institution | | | | |
| 4) Date of Joining at present job | | | | |
| Present Basic Pay | | Grade pay | | |
| Total Exp.-Teaching: | | Research: | | |
| 5) a) Date of Birth | | Sex (M/F) | | |
| 6) Address of Communication | | | | |
| 7) a) Cell Phone No. | | (b) E-mail | | |
| 8) Category | SC | ST | OBC | General |
| 9) Aadhar No. | | | | |

NOTE: PLEASE USE CAPITAL LETTERS ONLY.

Signature of the Applicant (with date)

ENDORSEMENT OF THE HEAD OF THE INSTITUTION

Certified that the applicant Dr./ Ms./ Mr. _____ is
working as Faculty Member in the Department of _____ in
_____ (name of the institution).

Her/ his application is hereby forwarded for participation in the above programme to be organized
by the Faculty Development Centre, M.D.U. Rohtak.

Signature (with Name & Date) and seal of

Date: _____ Competent Authority

This form must be correctly and completely filled and duly signed by authority, with proper seal
affixed. The filled-in application form may be sent to the address given below:

**Programme Coordinator,
Faculty Development Centre (in premises of Swaraj Sadan)
M.D.U., Rohtak.**

Or scanned copy through e-mail at dd.fdc@mdurohtak.ac.in