UGC-HUMAN RESOURCE DEVELOPMENT CENTRE

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APPLICATION FORM FOR FACULTY INDUCTION PROGRAMME/ REFRESHER COURSE / SHORT-TERM **COURSE**

Name Dr./Mr./Mis. (In BLOCK	(LETTERS) :		
Father's Name :			
Mother's Name :			Affix Passport siz
Subject / Department :			
Address for Correspondence	e:		
E-mail ID :	Mobile N	lo. :Telephone	No.:
(a) Date of Birth	(b) Educational Q	ualification	
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Please bring a relieving order from the appropriate authority. The **RELIEVING ORDER** is must for participation. ALL CORRESPONDENCE SHOULD BE MADE TO **THE DIRECTOR, Human Resource Development Centre**, D.D.U. GORAKHPUR UNIVERSITY,