



SCHOOL OF EDUCATION CENTRAL UNIVERSITY OF SOUTH BIHAR

Vinova Nagar, Ward No.-29, Chandauti, Near Magadh Medical College, Gaya-823004 (BIHAR)
Phone : +91-631-2210224, website: www.cusb.ac.in

REGISTRATION FORM FOR PARTICIPATION IN FACULTY INDUCTION TRAINING PROGRAMME

Program Details:

| | | | |
|----|------------------------|---|--|
| 1. | Name of the Programme | : | |
| 2. | Dates of the Programme | : | |

Details of Participant:

| | | | |
|-----|--|---|---|
| 1. | Name | : | |
| 2. | Designation | : | |
| 3. | Affiliation | : | |
| 4. | Address | : | Correspondence: |
| | | : | Institution/Department: |
| 5. | Mobile No. | : | |
| 6. | E-mail ID | : | |
| 7. | Academic Qualification | : | |
| 8. | Experience | : | Teaching _____ (yrs.), Research _____ (yrs.), Administrative _____ (Yrs.) |
| 9. | Date of joining in existing post | : | |
| 10. | Present pay scale | : | |
| 11. | Whether attended any ASC/HRDC-UGC orientation/refresher course (please tick) | | : Yes _____ No _____ |
| | If Yes, give details | : | |
| 12. | Any Other Information | : | |

Date:

Signature of Participant

Forwarded by the Head of Institution

Mr./Dr./Mrs./Ms. _____ (name), is working as _____
(designation) in _____ (Institution/Department). All the information given above is correct to
the best of my knowledge.

Date:

Signature with Seal

Name: _____