



MAHATMA GANDHI CENTRAL UNIVERSITY, BIHAR

[Established by an Act of Parliament]

TempCamp, Zila School Campus, Motihari – 845 401, District – East Champaran, Bihar

Application Form for Seeking Permission to Attend

Orientation Programme / Refresher Course / Faculty Development Programme / Research Methodology Course / Summer & Winter School Programmes / Seminar / Conference / Workshop

1. Name :
2. Designation :
3. Pay Scale & Grade Pay :
4. Department :
5. Date of Joining in MGCUB :
6. Applied for :

Sl.	Type of Programme	Duration		To be Conducted by
		From	To	

7. I have attended following Orientation Programme / Refresher Course / Faculty Development Programme / Research Methodology Course / Summer & Winter Schools / Seminar / Conference / Workshop, in the past:

Sl.	Type of Programme	Duration		Conducted by
		From	To	

(Attach separate sheet, if required)

8. Copy of letter of Announcement / Invitation from the concerned University / Institutions is attached:
YES / NO
9. Kind of Leave applied: **Duty Leave / Special Casual Leave / Earned Leave / Casual Leave.**

UNDERTAKING

I certify that I will submit a copy of the Certificate along with a Report on successful completion of the above program to the Office of the Registrar through Proper Channel. Further, I also certify that I will not claim any financial assistance from the University for the above Programme, unless provided otherwise in the relevant Ordinance as notified by the University from time to time.

Date:

Signature of Applicant

Recommendation of the Head of the Department (HoD)

10. Certified that teaching and other work assigned to the applicant, will not be hampered during the above-mentioned period and the work-load will be shared by the others members within the department/section.

11. No. of teachers available in the Department during the above period:

Date:

Signature of the HoD

Recommendation of the Dean of the School / Concerned Authority

Date:

Signature with Name & Designation

Recommendation of the Academic Coordinator / Concerned Authority

Date:

Signature with Name & Designation

Observation of the Establishment Section

Date:

Signature

Recommendation of the Registrar

Date:

Signature of the Registrar

Recommendation of the Hon'ble Vice-Chancellor

Approved / Not Approved

Date:

Signature of the Vice-Chancellor