



## UGC-HUMAN RESOURCE DEVELOPMENT CENTRE

Doctor Harisingh Gour Vishwavidyalaya, Sagar - 470 003 (MP) India

### SEVEN DAYS WORKSHOP ON APPLIED YOGA (STRESS MANAGEMENT)

01-07 NOVEMBER 2019

U.G.C. - HRDC, Dr.Harisingh Gour Vishwavidyalaya, Sagar  
cordially invites the Teachers/Research Scholars  
from all the departments of the university and from colleges  
to attend the seven days workshop on

### Applied Yoga (Stress Management)

Prof. Nivedita Maitra  
Director (In-charge)  
M: 9977304921

Prof. G. S. Giri  
Coordinator  
M: 9425656196



Venue for all the activities from  
YOGA SADHNA HALL( NO.19), LANGUAGE BLOCK  
Department of Yoga Education  
Dr. Harisingh Gour Vishwavidyalaya, Sagar (MP)

CONTACT | 07582-264629 [hrdcsagar@gmail.com](mailto:hrdcsagar@gmail.com)



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## APPLICATION FORM FOR SHORT-TERM/WORKSHOP PROGRAMME

Affix  
Your latest  
Photograph

**Part A** (to be filled in by the applicant in **CAPITAL LETTERS**)

- Course Title : .....
1. Course Code : ..... Period: .....
2. Name..... Designation.....
3. Name of Institution where employed..... Pay Scale .....
- Name of Institution where Registered as Research Scholar .....
4. Subject..... Date of Appointment.....Years
5. Tenure of Working with the present Institution .....Years
6. Employment: Permanent; Temporary; Part time; Ad hoc; Contract teachers .....
7. Date of Birth..... Age.....Yrs. Mob. No..... E-mail ID.....
8. Present Address for Correspondence: .....
- Pin Code.....Phone (Res.) ..... Mob. No. ....
12. Category : General / SC / ST / OBC 13. Do You Require Accommodation? Yes / No (Expenses to be borne by the candidate)

- As per UGC notification No Daily Allowance is permissible.

### Declaration

I declare that the information given above is correct and I will abide by all the rules for Orientation/Refresher Course, laid down by the MHRD mentioned in HRDC Guidelines 2015, if selected.

**Signature of the Applicant**

### **Payment Details:**

Draft No. ....Dated ...../...../..... Valued at Rs. 1000/- payable to the Registrar, Dr. Harisingh Gour Vishwavidyalaya, Sagar (MP) payable at SBI Sagar, University Branch IFSC SBIN0001143 is enclosed

### **(PART-B)** (To be filled in by the forwarding authority)

I hereby certify that Dr./Shri/Mrs./Miss.....who is working as Asstt. Prof. /Associate Prof./Professor is a Permanent/Temporary/Part time/Ad hoc/Contractual teacher in the Dept. of..... College/ University of.....

His/Her appointed is on a Regular/Temporary/Part time/Ad hoc/Contractual basis for the last ..... Years and is Eligible for attending the said Course.

He/She will be relieved in time to participate in the Course..... which is starting from.....to..... at the UGC-HRDC, Sagar.

**Signature of Registrar/Head/Principal  
(With Seal)**

### **For UGC-HRDC Office Use**

Selected/Not Selected  
Scrutiny officer

Director