

**APPLICATION FORM
SHORT TERM COURSE (STC)**

Name of Course "-----"

(You may get this form enlarged by Xeroxing on A4 size paper for submission of your application)

After Completion, Please Mail to :

Dr. Bhupendra K. Gandhi

Prof. & Coordinator

Q.I.P. Centre, I.I.T. Roorkee

ROORKEE - 247 667 (Uttaranchal)

Phone : (01332)-285241 & 284341

Fax : (01332)-286691, 273560

E-mail : qip.iitr@gmail.com, qip@iitr.ac.in

Affix Passport
Size Photograph

1. Name of the applicant: Ms./Mr./Dr.....
(In Block Letters)

2. Designation.....

3. Age (Years).....

4a. Residential address with pin code,

4 b. Complete official mailing address

Tel :

Tel :

.....

Fax :

Fax :

.....

Mobile :

Mobile :

.....

Email :

Email :

4c. Name of the Institute where Employed.....

4d. Name of the Department

5. Academic Qualification (degree onwards) (Attach Brief CV).....

6. Specialization.....

7. Teaching Experience in Years

8. Subjects taught related to this STC.....

9. No. of STCs Attended so far

At RoorkeeAt other placesTotal

10. The reimbursement of travel expenses is limited to a maximum Rs. 3,000/-.
We request you to inform us if you require reimbursement of travel expenses.

Yes

No

Date :

Signature of applicant

Note :

1. Please do not come to Roorkee to attend the course unless you have received admission letter or intimation from us for the same. No applicant will be admitted to the course on the spot.
2. Please note that 100% attendance is compulsory for the course.

SPONSORSHIP CERTIFICATE

This applicant is permitted to participate in the above programme if selected. Further, I have personally talked to the applicant and he/she is confident of attending the course in case admission is offered to him/her.

This is to certify that this institute is recognized by AICTE.

Date :

Signature

Sponsoring Authority
(Principal / Director)

SEAL