





Department of Political Science & Public Administration Department of Library & Information Science

ICSSR Sponsored Capacity Building Programme for **Young Social Science Faculty Members** (7th November to 18th November, 2022)

APPLICATION FORM

(Application form should reach on or before 5th November 2022)

1. Name: Mr. / Ms. / Dr	
3. Gender: Male/ Female 4. Date of Birth: 5. Mailing / Correspondence Address: 6. Mobile No: 7. Email ID: 8. PAN No. : UCATION AND RESEARCH 9. Educational Qualifications:	attested photo here
4. Date of Birth: 5. Mailing / Correspondence Address: 6. Mobile No: 7. Email ID: 8. PAN No. : UCATION AND RESEARCH 9. Educational Qualifications:	here
5. Mailing / Correspondence Address: 6. Mobile No: 7. Email ID: 8. PAN No. : ICATION AND RESEARCH 9. Educational Qualifications:	
6. Mobile No: 7. Email ID: 8. PAN No. : CATION AND RESEARCH 9. Educational Qualifications:	
7. Email ID:	
8. PAN No. :	
PCATION AND RESEARCH 9. Educational Qualifications:	
9. Educational Qualifications:	
10. PhD Status : Awarded / Submitted / Enrolled / Not Enrolled	
11. Whether cleared NET/JRF: Yes / No	
12. Software Packages Familiar with:	
13. No. of Publications in Referred / Indexed Journals:	
PLOYMENT	
14. Designation:	
15. Department:	
16. Nature of Appointment: Permanent / Deputation / Tenure / Ten	nporary /
Contractual	
17. Area of Teaching / Research Interest:	
18. Address of the College / University:	
	PLOYMENT 14. Designation: 15. Department: 16. Nature of Appointment: Permanent / Deputation / Tenure / Tenure / Tenure Contractual 17. Area of Teaching / Research Interest:

19. Have you ever attended any training programme (CBP/FDP): Yes / No If yes, give details:

DECLARATION BY APPLICANT

I hereby declare that all information furnished by me in this application form is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete or incorrect, my application/admission is liable to be rejected/cancelled. I undertake to abide by the rules/guidelines of the Annamalai University, Annamalai Nagar and to commit solely to the programme during the full duration.

Signature of the Applicant

RECOMMENDATION OF THE FORWARDING AUTHORITY

Date: Place:	Signature of Director/Registrar/ Principal/Supervisor (Seal)
duration of programme in order to pa	articipate in the Programme, if selected.
,	lieved for travel time required and the
Library & Information Science, A	nnamalai University during 7 th –18 th
Department of Political Science & Po	ablic Administration and Department of
Programme for Young Social Science	Faculty Members to be organised by the
to attend / participate for ICSSR S	ponsored Two Week Capacity Building
working in (Institution)	
(Designation)	
I recommend Mr./	Ms./Dr