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|  | **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 :

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| --- | --- | --- | --- | --- |
| **Sl.** | **Type of Programme** | **Duration** | | **To be Conducted by** |
| **From** | **To** |
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1. I have attended following Orientation Programme / Refresher Course / Faculty Development Programme / Research Methodology Course / Summer & Winter Schools / Seminar / Conference / Workshop, in the past:

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| --- | --- | --- | --- | --- |
| **Sl.** | **Type of Programme** | **Duration** | | **Conducted by** |
| **From** | **To** |
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*(Attach separate sheet, if required)*

1. Copy of letter of Announcement / Invitation from the concerned University / Institutions is attached: **YES / NO**
2. 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)**

1. 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.
2. 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**