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Form- A

[To be carefully filled up, in CAPITAL LETTERS, by the selected participant while submitting the Demand Draft (DD). The information submitted herein may be used for preparation of the Certificate.]

[One copy to be retained by the Participant]

Name of the Programme:

Duration/ Period:

- 1. Name of the applicant: [Use **Dr.**, in case of having Ph. D.]
- 2. Designation:
- 3. Subject/Discipline of appointment :
- 4. Name of the college/ university:
- 5. Name of the affiliating university: *[In case of a college]*
- 6. District [in case of college]:
- 7. Contact No. :

[Full signature of the Applicant with Date]