

DECLARATION

I have read the Programme Announcement accompanying this application form and agree to abide by its terms and conditions .

I have read and agree to abide by the TA rules governing this Post- Graduate Diploma programme .

Signature and Designation
of the Candidate

RECOMMENDATION OF THE COMPETENT AUTHORITY

Signature and Designation
of the Nominating Authority

Date:

*N.B.: This form duly recommended by the competent authority should reach
by June 30, 2017 at the following address:*

Prof. Najma Akhtar
*Programme Director &
Head, DTCBE*
or
Prof. B.K. Panda
Senior Programme Coordinator
or
Dr. Savita Kaushal
Programme Coordinator

Department of Training & Capacity Building in Education
National University of Educational Planning and Administration
17-B, Sri Aurobindo Marg, New Delhi – 110016

Email: bkpanda@nuepa.org, savita@nuepa.org,
pgdepa2017@gmail.com,

N.B.: In view of NUEPA/ PGDEPA rules permitting only train travel and in consideration of the difficulties in obtaining last minute rail reservations, participants are advised to make their train booking at the time of applying for this programme. They are also advised to seek confirmation /non-acceptance of their nomination to enable them to use the reservation to travel /cancel their bookings in time .

National University of Educational Planning and Administration

17-B, Sri Aurobindo Marg, New Delhi – 110016

APPLICATION FORM

(Kindly read the Programme Announcement Brochure on the website of NUEPA at www.nuepa.org)

*POST- GRADUATE DIPLOMA IN EDUCATIONAL PLANNING AND ADMINISTRATION
(PGDEPA) 2017 -18*

Paste Latest
Photograph

self attested

I. PERSONAL INFORMATION (Capital Letters)

- (a) Name of the candidate Dr./ Mr./Ms./ Mrs. _____
- (b) Date of Birth _____
(Note: Applicants should be preferably less than 50 years of age)
- (c) Date of promotion/appointment to the present post _____
- (d) Present scale of pay _____
- (e) Belongs to: General Scheduled Caste Scheduled Tribe OBC
(Please put a tick against the relevant category)
- (f) Designation: _____
- (g) Full official address (with pin code) : _____

- (h) Phone (Office with STD Code) : _____ Fax : _____
Official E.mail: _____ Mobile No. _____
- (i) Present residential address (with pin code): _____

- (j) Phone (Residence with STD Code): _____
Personal Email ID _____

II. ACADEMIC/PROFESSIONAL QUALIFICATIONS (FROM FIRST DEGREE ONWARDS)

<i>Examination Passed</i>	<i>Examining Authority</i>	<i>Year</i>	<i>Class/ Division</i>	<i>Area of Specialisation</i>

III. Computer Knowledge

Do you have access to internet connectivity

	<i>Yes</i>	<i>No</i>
<i>In mobile phone</i>		
<i>In laptop</i>		
<i>In personal computer</i>		
<i>In computer at your office</i>		

How often do you use following

	<i>Once a while</i>	<i>Often</i>	<i>Regular</i>
<i>Ms. Word</i>			
<i>Ms. Excel</i>			
<i>Ms. Power Point</i>			
<i>Email</i>			

IV. EXPERIENCE / SERVICE RECORD

<i>Name of the Employer</i>	<i>Post Held</i>	<i>Period</i>	
		<i>From</i>	<i>To</i>

V. TRAINING

Have you attended / conducted any training programme in educational planning and administration?
Please give details.

VI. RESEARCH

Please attach a list of the research projects / studies undertaken / completed by you (if any).

V. Publication

Please mention important publications/articles/papers written by you (if any).

VIII. PLEASE ATTACH A PARAGRAPH EACH ON:

- 1.What do you expect to learn from this diploma programme?
- 2.How does it relate to your previous training, experience and current responsibilities?
- 3.How do you expect it to be of value to your career and future responsibilities

IX. State your hobbies :

X. ANY OTHER RELEVANT INFORMATION YOU MAY LIKE TO GIVE

MEDICAL FITNESS

Attach herewith a medical fitness certificate from a qualified medical practitioner