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| **NEW Shastri Logo 150 resolution for in-house use****FACULTY DEVELOPMENT PROGRAMME FOR VOCATIONAL EDUCATION** **2015-2016** |
| **1** | **Last Name:**  | **First Name:**  | **Gender: M / F**  |
| **Mailing Address:**  | **Permanent Address:**  |
| **Telephone:****Mobile****Facsimile:****E-mail:**  | **Telephone:****Mobile****Facsimile:****E-mail::**  |
| **Communication related to this application should be sent to: Mailing Permanent**  |
| **2** | **Name and address of the Institution:** |
|  |
| **3** | **Details of Personal Information:**  |
| **Date of Birth:****Nationality:** **Holding a valid passport: Yes 🞏 or No 🞏****If yes, please write the passport number:** **Date of Expiry:**  |
| **4** | **Academic Qualifications:**  |
|  |
| **5** | **Discipline and/or Department within University/Institution:** |
|  |
| **6** | **Name of the University/Institution.** |
|  |
| **7** | **Language Abilities\*:** |
|  **English French**  **Oral 🞏 🞏**  **Written 🞏 🞏** |
| **8** | **Please attach as an annexure a concise description of your visit to Canadian Institutions (2,000 words) which will a) identify the key issues to be undertaken during the visit; b) indicate clearly both the nature and the scope of the visit’s contribution to internationalization of the curriculum/teaching and understand the recent developments in Canada; c) outline a general schedule of visit activities; and d) Also give details of lectures to be delivered at the Canadian Institutions (Please mention the Annexure Number here).** |
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| **9** | **Area of interest**  |
|  |
| **10** | **Anticipated dates of departure and return (if awarded):**  |
|  |
| **11** | **Proposed institution/university for affiliation (in order of preference) with details of the contact person** |
|  |
| **12** | **Please indicate whether the proposed Indian institution/university is member of good standing** |
|  |  |
| **13** | **Signature** |
|  |  |
| **Applicant’s Signature** | **Date** |