

INDIAN COUNCIL FOR CULTURAL RELATIONS AZAD BHAVAN, I.P. ESTATE, NEW DELHI- 110002

APPLICATION FOR EMPANELMENT WITH ICCR FOR DEPUTATION TO IT'S CULTURAL CENTERS/ CHAIRS ABROAD

(1) Name in full:
(2) Name of Spouse:
(3) Date of Birth (dd/mm/yyyy)::
(4) Date of Birth of Spouse (dd/mm/yyyy)::
(5) Present address:
(6) Permanent address:
(7) Phone no., mobile no. & E-mail ID :
(8) Age, Medical history of applicant:

ualification	Year	Division/ Grade	Subject(s)	
) Languag	es know	n:		
2) Subject v				
-/ Cubject v	vith area	of specializati	on:	
		of specializati		
3) Details o	f Profess	sional/Teachir	g Experience:	
) Details o	f Profess	**************************************		Nature of duties (Teaching/ Research etc.)/Courses taught
B) Details o	f Profess	sional/Teachir	g Experience:	
B) Details o	f Profess	sional/Teachir	g Experience:	
) Details o	f Profess	sional/Teachir	g Experience:	
3) Details o	f Profess	sional/Teachir	g Experience:	
B) Details o	f Profess	sional/Teachir	g Experience:	
	f Profess	sional/Teachir	g Experience:	
B) Details o	f Profess	sional/Teachir	g Experience:	
) Details o	f Profess	sional/Teachir	g Experience:	
Name of Instit	f Profess	Designation	Period	(Teaching/ Research etc.)/Courses taught
Name of Instit	designati	Designation on:	g Experience:	(Teaching/ Research etc.)/Courses taught

(16)	Present basic pay & grade pay:
(17)	Date of annual increment:
(18)	Date of Superannuation:
(19)	Passport No. of Applicant:
(20)	Passport No. of Spouse:
(21)	Details of research activities and publications including supervised Ph.D. works, projects undertaken, published books/research papers/book chapters/ articles/ monographs etc.: (Please enclose a separate sheet indicating these details)
(22)	Details of participation in National/International Seminars/Symposium/Conference: (Please enclose separate sheets for details)
(23)	Whether deputed abroad earlier by ICCR or by any other organization for academic purposes: ``enclose separate sheet for details)
(24)	Any other relevant information:
Dec	laration:
knov assig	ereby declare that the information provided above is true to the best of my wledge and belief. I also declare that I would be available to take ICCR's gnment as and when a vacancy is offered to me failing which I shall have no in and ICCR will have the right to decide whether to consider me for further ancies or not.
Plac	ce: Signature:
Dat	e: Name: