



**CENTRAL UNIVERSITY OF KARNATAKA,  
KALABURAGI**

**Faculty Development Programme in Entrepreneurship**  
(17-28 July 2017)  
**Application Form**

Please affix  
your recent  
passport  
colour  
photograph

1. Name \_\_\_\_\_  
( (First Name) (Middle Name) (Surname)

2. Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Category: Gen/SC/ST/OBC/Minority \_\_\_\_\_

3. Designation \_\_\_\_\_

4. Nominating Institution with Postal Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile No. \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Id : \_\_\_\_\_

5. Academic Qualifications \_\_\_\_\_

6. Work Experience (Use extra sheet, if needed)

Sr. No.	Name of Organization	Period		Position held
		From	To	

7. Relevant Training Received, if any (Use extra sheet, if needed)

Sr. No.	Name of Organization/	Period

8. Please narrate briefly how this programme will benefit you in your work area?

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9. Source of information about the programme: (Please tick/Write)

Pamphlets/ Brochures:                      Newspaper Advertisement:                      Others: \_\_\_\_\_

10. Payment made through Cash/ Demand Draft/ Pay Order: No. \_\_\_\_\_ Drawn on (Bank Name) \_\_\_\_\_ Dated: \_\_\_\_\_ Amount: Rs. \_\_\_\_\_

Place:

Candidate's Signature

11. Name of the Officer authorized to nominate \_\_\_\_\_

Designation \_\_\_\_\_

Date:

Seal and Signature

Note: The filled-in application form may be address to:

Dr. Ganapati B Sinnor, Programme Coordinator, Department of Business Studies, School of Business Studies, Central University of Karnataka, Aland Road, Kadaganchi, Dist. Kalaburagi (Karnataka) Teli: 08477-226702/226703, Mobile: +91 9731046434, 9449066734, E-mail: [ganapatisinnor@cuk.ac.in](mailto:ganapatisinnor@cuk.ac.in), [ganapati100@gmail.com](mailto:ganapati100@gmail.com),

For office use only	
Receipt No.	Date: